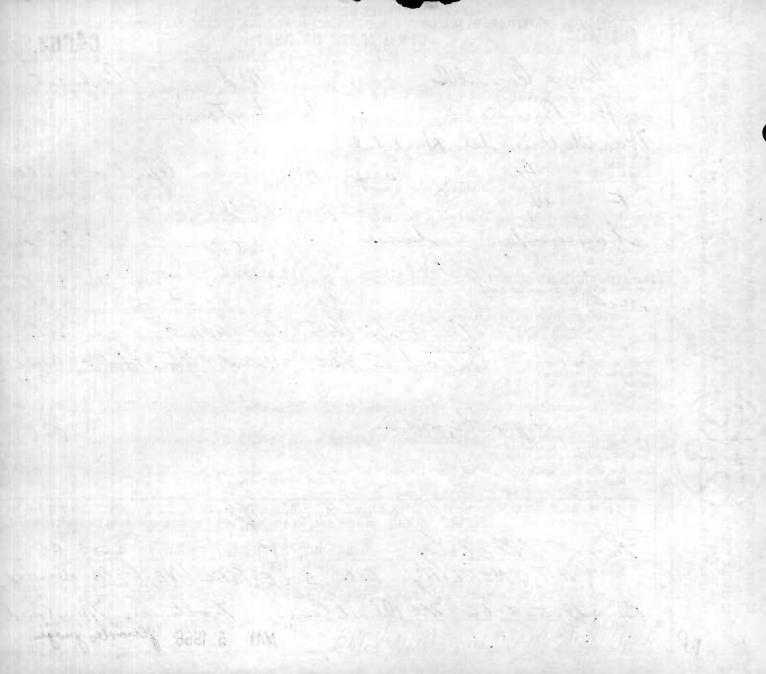
MARYLAND STATE DEPARTMENT OF DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON S. CERTIFICATE OF DEATH funeral after death. and 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE DF DEATH a. COUNTY filled in by the fu papers. Pages 1 a in 72 hours after d a. STATE b. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Maryland MARYLANO Anne Arundel C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) vears Ferndale Ferndale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) bon papers within 72 d. STREET ADDRESS e. IS RESIDENCE 24 ON A FARM? 1514 Church Lane 1514 Church Lane ND X YES within completely carbon NAME DE First DATE Middle Last 4. Month Day Year DECEASED event, (Type or print) DEATH ADAMS 18 1966 LOUIS executed any eve SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years LIFUNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED 9. NEVER MARRIED birthday) Days Months Hours White Male 5/2/1885 WIDOWED X 80 DIVORCED attending physician a ermit. Then please to on, or removal, and in a 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Painting S. Painter San Francisco. Calif U. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknwn) | (If yes give war or dates of service) cremation, Fowler Jr. 1514 Church Lane 212-12-5912 James E the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. ial-transit ONSET AND DEATH been signed by PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-t burial, DUF TO Conditions, If any, which (b) gave rise to Immediate the r to DUE TO cause (a), stating the as th underlying cause last. After this certificate has d be detached for use as state Dept. of Health price (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICAT YES NO E 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. While Not While ATTENDING 19 at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from fo FUNERAL DIRECTOR: A director, page 3 should should be filed with the 1966, and that death occurred at 10 M. from the causes and on the date stated above. saw the deceased ative on 22a. SIGNATURE DATE SIGNED STAFF ATTENDING PHYS. M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial Glen Haven Cemetery | Glen ADDRESS | 25a. REC'D BY REGISTRAR Burnie 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Glen Burnie, Md. Raymond C. Fink A.15 (4) 2DM 1/65

Maryland - Anne Arme Mandel Isomura como Rerndale 1514 Chieren Lane 1514 Christin Lane Male White exist 5/2/1885 50 31 thicroim g Val2-12-5912 Jimes B. Cowler Jr. 1514 Linxen Lane Borist . 4/20/60 . Glen Haven Cemerary . 63 en durnie, Mil. cosmond C. Fink Chen Burnie, wa. AFR 20 1958 Prince C. Set.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY ANNE ARUNDEL the 1 ANNE ARUNDEL MARYLAND ges I MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours hours RIVA RIVA Years .≡ filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? RIVA ROAD YES A NO RIVA, ROAD within completely 3. NAME OF First DATE Month Day Year Middle Last DECEASED OF DEATH APRIL 1966 EMMA ARDELTA AISQUITH 13 (Type or print) executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Hours | Min. 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Female Cau. WIDOWED T DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? and U.S.A. Prince George Co., Md. Housewife own home death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal been signed by the attending p the burial-transit permit. Then or to burial, cremation, or remova FRANK P. BURGESS SOPHIA KIRBY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) RIVA ROAD, RIVA, MD. EDWARD AISOUITH 217-38-3008 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 yrs PHYSICIAN: The law requires that the hospital or attending physician. Gen. arteriosclerotic cardio-vascular IMMEDIATE CAUSE (a) DUE TO disease Conditions, If any, which (b) gave rise to immediate DUE TO (a), stating as the underlying cause last. this certificate has (c) CERTIFICATION 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached for use e Dept. of Health YES -NO X 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) be de State Hour a.m. Should be d While Not While OR ATTENDING R 19 at work at work FUNERAL DIRECTOR: Af director, page 3 should the Should be filed with the S 19 40, to AMADY. 13, 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from-July April 12,19 66, and that death occurred at 7:20A from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. x M.D. DIRECTOR PHYS. 4/16/66 4 may HOSPITAL 22d. ADDRESS PHYSICIAN'S director, p NAME (Type) Amos Garrett Blvd., Annapolis, Md. Borssuck, M.D. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. 0 DAVIDSONVILLE METH.CEM. DAVIDSONVILLE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) HOPPING FUN 15M 4-64

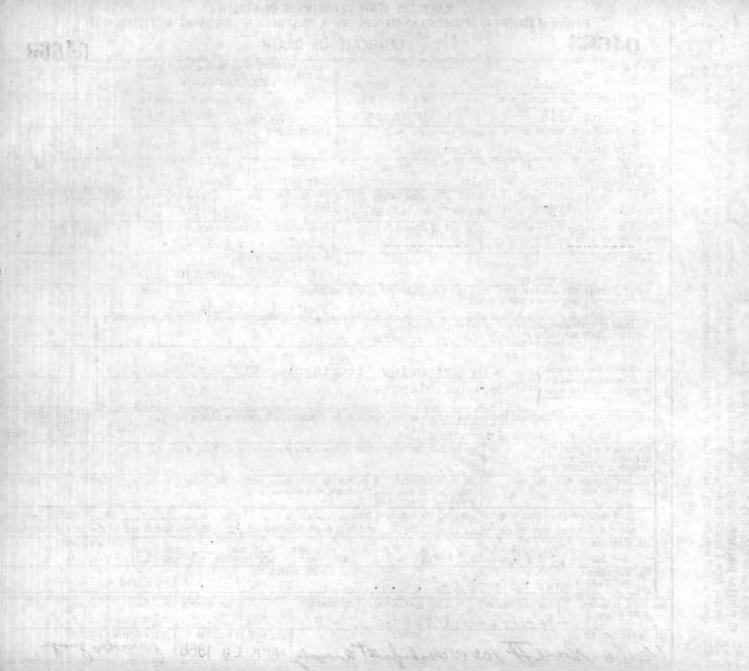
dien en l'en passer donnée l'estima a mai . W. Caville and Carlotte as new 11 ac.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY Pages 1 b. COUNTY a. STATE after MARYLAND b. CITY DR TDWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Page write RURAL and give nearest town) hours 三 d. NAME/OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? carbon pap ent, within 7 YES NO completely NAME DE First Middle Last DATE Month Day Year DECEASED DF DEATH event, Mari HANNIE 157 (Type or print) 19-6-6 executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (lo years last birthday) 7. MARRIED NEVER MARRIED 8. years | IF UNDER 1 YEAR | IF UNDER 24 HRS. any Months | Days and WIDOWED DIVORCED YES 10a. USUAL OCCUPATION (Give kind of work done) = 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT an during most of working life, even if retired) INDUSTRY COUNTRY? death certificate 1, sein 13. FATHER'S NAME MOTHER'S MAIDEN NAME 14. геш 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address 0 (Yes, no, or unkown) (If yes give war or dates of service) d by the atte transit permit cremation, or CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. 12600m IMMEDIATE CAUSE (a) signed been s 9 9 DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate h hed for use it. of Health p PERFORMED? the hospital or NO T YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) etached f Dept. of DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) det factory, street, office bldg., etc.) Hour a.m. After d be d State While Not While retained by D.m. at work at work DIRECTOR: A age 3 should lied with the P 21. I certify that (I) (this hospital) attended the deceased from 1966 and that death occurred at AM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING 2 Page 4 may t M.D. DIRECTOR PHYS. pag PHYSICIANS 22c. director, p 22d. ADDRES NAME (Type) 23a. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 66 FUNERAL DIRECTO 25b REGISTRAR'S SIGNATURE : ADDRES REC'D BY REGISTRAR | VR A15 (4) 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 04663CERTIFICATE OF DEATH within 24 hours after death by the funeral Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY ne Arundel o. STATE Unknown Md. b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) iely filled in by the bon papers. Page, within 72 haurs a Catonsville 40 Years e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS /Unknown 6 Jones Ave. Crownsville State Hospital NO pou 3. NAME OF First Middle 4. DATE Lost Month Doy Year DECEASED 66 #02292 Minnie Anderson 19 and in any event, (Type or print) Cor DEATH and comp S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** remave last birthdoy) 1898 Female Negro WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11- BIRTHPLACE (County & Stote, or foreign country) requires that the death certificate be lease during most of working life, even if retired) physician (en please **INDUSTRY** COUNTRYSA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova unkaun attending permit. The unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 0 Hospital Records signed by the atter burial-transit perm burial, crematian, o 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Uremia IMMEDIATE CAUSE (o) attending physician. DUF TO Conditions, if ony, which gove (b) Hypertensive Arteriosclerotic Cardiovascular rise to immediate couse (a) DUE TO Renal Disease stoting the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) CERTIFICATION USe Health Hypostatic Pneumonia NO K the haspital or ATTENDING PHYSICIAN: for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While 1966, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from 1926 be retained 1966 and that death occurred of $\frac{4:45}{M}$ M, from causes and on the date stated above. saw the deceased alive and 120. CHENATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. 4/7/66 DIRECTOR M.D. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S Crownsville. Maryland NAME (Typle) (County) 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Milarles VR A15 (4) 20 M 1/66 DATK 15 1966

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04664 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission o. COUNTY b. COUNTY Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Shady Side e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Anne Arundel General Hospital YES NO SE NAME OF Middle pou Lost 4 DATE event, wit Dov Year physician and completely DECEASED (Type or print) CARRIE Eilleen 1966 ARMOUR April 18 DEATH COL IF LINDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED pirthdoy) remove Doys Months Hours White May 4, 1893 Female 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY Maryland HOUSENIFE 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME 0 or removol, en WAS DECEASED EVER IN ILS ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriol-tronsit p buriol, cremotic ONSET AND DEATH PART I. DEATH WAS CAUSED BY Mar Co IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the prior to hos been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION x coleman. NO XXX TO FUNERAL DIRECTOR: After this certificate by the hospital or for 20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (I) (this he spirat) attended the deceased fram_ March 3 , 1966., ta Apr. 18, 19 66 that (I) (MOX) last be retained saw the deceased alive an April 18 19 66, and that death accurred at M, fram causes and an the date stated above MED. DIRECTOR 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. director, poy-M.D. 22d. ADDRESS 22c. PHYSICIAN'S 121 Cathedral St., Annapolis, Md. NAME (Type) GENAN 17 - CHUNELL 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) REMOVAL (Specify) BURIAL ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04665 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY 0 Page MARYLAND and 3 t b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b (If outside corporate limits, write RURAL and give nearest town) Deportme write RURAL and give nearest tawn) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE haurs Give Poges 1, ON A FARM? North. AKUNDEL along with with the Sto within 72 h NAME OF DATE Month Doy Year DECEASED 0F 196 C Type or print DEATH S. SEX DATE OF BIRTH AGE (In years IF UNDER IF UNDER 24 HRS NEVER MARRIED lost birthdoy) Months Item 18. Doys Hours WIDOWED DIVORCED 24 hours event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) CQUNTRY? = 15pWar 13. FATHER'S NAME pencil be executed within 0 .E WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEGURITY NO. 17. INFORMANT permit. removal. unknown) (If yes give wor or dotes of service CAUSE OF DEATH (Enter only one couse buriol-transit PART I. DEATH WAS CAUSED BY D should word cremotion, DUF TO Conditions, if ony, which gove rise to immediate couse (o), certificate DUE TO stoting the underlying couse 0 05 lost. buriol, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION please execute the certificate, NO prior to 4 shauld be 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 3 should PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. MEDICAL ogent, 20c. TIME OF INJURY Manth, Doy, Yeor 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m foctory, street, office bldg., etc.) Not While may be reformed for your FUNERAL DIRECTOR: Page 19 at work ot work Inquiry 4 21. I certify that 1 took charge of the remains described above, held an Autopsy Inspection 🔫 and in my apinian Natural causes death resulted Nome Accident Suicide | Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED or its ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER! Health NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORS 23d. LOCATION (City or Town) (County) (Stote) 0 VR A15ME (5)



dansh.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04566 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEN 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF OEATH o. COUNTY naryland. b. COUNTY A A CO. of death. MARYLAND Department CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 and write RURAL and give nearest tawn) after BURNIE. alew BURNIE. 9/en d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS hours 22MARley-Neck-Road. Poges D.O.A - NORIH. ARUNDEL - HORD ote 3. NAME OF Middle 4. DATE Lost DECEASED OF OEATH Give Edward. Bakkman M. (Type or print) within S. SEX 6. COLOR OR RACE 7. MARRIEO 8. DATE OF BIRTH NEVER MARRIED July 10, 1903 hours WIDOWED OIVORCED event in Item 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) United I ron + Metal Co. any , Maryland Crame Oberator (ret. d "pending" in pencil in Chief Medical Exominer's 13. FATHER'S NAM pencil be executed within = 17. INFORMANT pup 16. SOCIAL SECURITY NO or removal. (Yes, no, or unknown) (If yes give wor or dotes of service) 12-70-7344 Mrs. Ellen M. Ballman (wife) 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Certeurnles else C. V. certificote should word burial, cremation, DUE TO e, writing the wor forworded to the Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) This please execute the certificate. pe 0 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) ogent, prior 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Dov. Year 20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) Not While of work 21. I certify that I taak charge af the remains described above, held an Autapsy Inspection . Suicide | death resulted from: Notural causes Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY

YES NO 💌 Manth Year 19 46 IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years ost birthdoy) Months Hours 12. CITIZEN OF WHAT COUNTRY? U-5-A. INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? NO K (City or town) (County) (Stote) Inquiry (and in my apinian Undetermined manner 22. DATE SIGNEO **OEPUTY MEDICAL EXAMINER** Address (Street, city, town, or county) 23d. LOCATION (City or Town) (County) (State) Glen Burnie 2Sb. REGISTRAR'S SIGNATURE Mclianles

e. IS RESIDENCE ON A FARM?

VR A15ME (5)

O FUNE Heolth

EXAMINER'S

NAME (Type)

230. BURIAL, CREMATION,

24. FUNERAL OIRECTOR

REMOVAL (Specify)

E. LINHARdy

23b. DATE THEREOF

Abril 25, 1966

23c. NAME OF CEMETERY OR CREMATORY

Glan Haven Mem. Park

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04667 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death completely filled in by the funeral love corbon papers. Pages 1 and v event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Anne Arundel o. Marvland b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore ve corbon papers. event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Crownsville State Hospital 48 Market Place YES NO X 3. NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED (Type ar print) 3-# Frank Baskes 23 1966 4 DEATH I IF UNDER 24 HRS. S. SFX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED B. DATE OF BIRTH birthdoy) Hours Dovs Male White Nov. 18.1921 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY * COUNTRY? Wyomina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Baskes the attending phy sit permit. Then Soohie Baskes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. grunknawn) (If yes give wor ar dotes of service) cremotion, or Hospital Recrods 18. CAUSE OF DEATH (Enter anly one couse per line for (a), (b), and (c).) INTERVAL BETWEEN Hepatic Failure -transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed by burial-trans IMMEDIATE CAUSE (a) DUE TO Chronic Alcoholism Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Acute Brain Syndrome Secondary to Alcoholic Intoxication NO X YES for 20g. ACCIDENT WAS UNDERLYING ! 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) While Nat While of work - factory, street, affice bldg., etc.) 66 to 19 Db, that (I) (we) last 4/23 21. I certify that (1) (this hospital) oftended the deceased from_ 4/21 should 19 66, and that death accurred at 5:30 M, fram causes and an the date stated above saw the deceased alive on 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. ATTENDING 4/27/66 X director, poge 3 should be filed v M.D. PHYS 22d. ADDRESS Crownsville State Hospital, Maryland 22c. PHYSICIAN'S Benedict. NAME (Type) 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) 5/3/66 Baltimore, Maryland
GISTRAR | 25b. REGISTRAR'S SIGNATURE Univ. of Maryland 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 108 WADDRESSash. St. DATE MAY . Takao 1966 Annapolis, Md.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) and a. COUNTY b. COUNTY Marvland Anne Arundel Anne Arundel after after the MARYLAND by the Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours hours Glen Burnie Glan Burnie = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled papers. carbon pape North Arundel Hospital 7839 Americana Circle Ant NO executed within and completely NAME OF DECEASED 3. Middle Month Dav Year First Last April event, G. BAUER *SR. 30 19 66 MAT LITH DEATH (Type or print) 5. SEX DATE OF BIRTH 6. CDLDR OR RACE 7. MARRIEDXX NEVER MARRIED 18 March 1904 Male white WIDDWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY physician en please n Ξ 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? and U.S.A. Baltimore. Maryland Sales Respresentative Pide-Piper death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal attending permit. Ther Charles Bauer Susa Sauer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. transit permit. (Yes, no. or unkown) (If yes give war or dates of service) 214-01-7015 Lillian L. Bauer - Same as #2 NO INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). rHTSICIAN: The law requires that the the hospital or attending physician. al-transit ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-t burial, DUE TO Conditions, If any, which peen gave rise to immediate the DUE TD cause (a), stating the as th certificate has b thed for use as the ot, of Health prior underlying cause last. (c) CERTIFICATION WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES NO Y 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After this ce age 3 should be detached led with the State Dept. MEDICAL (State) 20d. INJURY DCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) 20c. TIME DF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While be retained by at work ATTENDING p.m. at work 1946 to 4/30 21. I certify that (I) (this hospital) attended the deceased from. 1966 that (I) (we) last 1966 and that death occurred at 10 AM, from the causes and on the date stated above. saw the deceased alive on_ 22b. DATE SIGNED 22a. SIGNATURE page filed STAFF PHYS. ATTENDING PHYS. 66 M.D. DIRECTOR Page 4 may ADDRESS FUNERAL PHYSICIAN'S director, p should be 1 22C. NAME (Type) W. Maple Road, Linthicum, Md. Ball 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 9 REMOVAL (Specify) 5/3/1966 Glen Haven Memorial Pk. Glen Burnie, Maryland Auria. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR 1966 VR A15 (4) Glen Burnie. Md. Singleton uneral Home/ 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY by the land 2 and 2 death. Anne Arundel MARYLAND Maryland anne Arundel b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town! filled in Pages 1. urs after Severna Park Severna Park within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddrass) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Benfield Rd. YES NO Benfield 3. NAME OF 4. DATE Middle Month Day Year DECEASED (Typa or print) DEATH William 19 Montgomery 9. AGE (In years | IF UNDER I YEAR Beall IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH last birthday) Months e G DIVORCED | WIDOWED January 6,1879 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if retired) ret- well digger Well Drilling Anne Arundel Co. Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 attending Thomas O. Beall Mary Hammond Δ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Box Addy (Yes, no, or unkown) | (If yas give we ror dates of service) been signed by the 218-12-9012 Fr. George Beall-son Crownsville. permit. attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH Congestive heart failure 0 PART I, DEATH WAS CAUSED BY: 2 days IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if any, which gava rise to immadiate causa DUE TO (a), steting the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS CERTIFICATION 8 0 PERFORMED? NO T prior 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL ATTENDING 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Steta) factory, streat, offica bldg., atc.) Whila Not Whila Hour a.m. at work at work D m DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from. Ac. 2 31 , 1962 10 And 26, 1966, that (1) (we) last 0 saw the deceased alive on. April 26, 1966, and that death occurred at 9.0M, from the causes and on the date stated above. 22a. SIGNATURE ATTENDING Z8-66 Waho ling TO HOSPITAL death. Page 4 DIRECTOR M.D. page with th OBERT DABOLINS, M.J 22d. ADDRESS 22c. PHYSICIAN'S 400 Gain filed v 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Spacify) D. p g 30.1966 Baldwin Mem. Cemeterv Millersville. Buria 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Annavolia FUNERAL HOME Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04670 The law requires that the death certificate be executed within 24 haurs after death attending physician and campletely filled in by the funeral bermit. Then blease remave carban papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND Maryland Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 Annapobis 10 days Annapolis e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within 72 55 Amos Garrett Boulevard YES NO THE Anne Arundel General Hospital 3. NAME OF Middle 4. DATE Lost Month Doy Year DECEASED 1966 Frances Stehle BEAN April DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED **NEVER MARRIED** lost birthday) Months Hours WIDOWED DIVORCED April 27, 1906 White Female 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remov 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no. or unknown) I(If yes give wor or dotes of service 17. INFORMANT 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been far use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (County) (Stote) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 2Dc. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work shauld be , 19 Cb , to April 30 , 19 66 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. ___M, fram causes and an the date stated above. 1966, and that death accurred at saw the deceased alive an_Co 22o. SIGNATURE 5 MED O AM 22b. DAJE SIGNED ATTENDING X M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 1407 Forest Drive. Annapolis. Md. NAME (Type) John L. Hedeman, M.D. directar, p 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF BREMOVAL (Specify) CDAR BLUFF CEM. INAPOLIS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 MAPOLIS

1157723 L SEMENTS TACT Deposit Deites, Manyottin, and. weeten John E. Hereiner, E.D. Extra St. 458. Iggs (Scryrell Cata). Final to a serious ASE.

B1 20	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	04671 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04671
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY A. COUNTY A. CO. D. COUNTY D. CO.
e 5 may be Department after death	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest town) C. LENGTH DF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
3 to the Page 5 retate Departments after	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE DN A FARM? YES DND
de 33.	3. NAME OF DECEASED A First Middle Last 4. DATE Month Day Year
s 1, 2 rm P with ithin	5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IFUNDER 1 YEAR IFUNDER 24 HR last birthday) Months Days Hours Min.
dea ith ith	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) VIDOWED VIDOWE
aft.	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME,
Hen	USEPH BENDA HILDA NEUMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	(Yes, no, or unknown) (If yes give war or dates of service) 217-14-7433 MARGARET L. BENDA #2 18. CAUSE OF DEATH [Enter only one cause-part line for (a), 45, and (c).]
uted within Framiner's Examiner's nsit permit,	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) AUGUST AND DEATH CONSET AND DEATH
d be executed "pending" in Medical Exar burial-transit cremation, or	Conditions, if any, which gave rise to immediate (b)
hould to ord "phief Mhief Ms a bu	cause (a), stating tha DUE TO underlying cause last. (c)
ficate shoul the word to the Chief used as a to burial,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO CONTRIBUTION OF DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTION
R: This certificate should be exectate, writing the word "pending forwarded to the Chief Medical 3 should be used as a burial-tragent, prior to burial, cremation	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
XAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil ould be forwarded to the Chief Medical Examiner's es. R. Page 3 should be used as a burial-transit permit. Ignated agent, prior to burial, cremation, or remova	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work at work at work
the certificates the certificates the certificates to the certificates the	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry , and in my opinion
e de file o se	CHIEF MEDICAL EXAMINER ACTUAL MEDICAL EXAMINER 22. DATE SIGNET
FY MEDIC Page 4 is for your the or its discounter the ordinary thas the ordinary the ordinary the ordinary the ordinary the ordina	SIGNATURE M.D. DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEP
TO DEPUTY M please exec director. Paretained for TO FUNERAL I of Health or	NAME (Type) Address (Street, city, town, or county)
2	BURIAL (SPECITY) 5-4-1966 HOLY NEDEEMER BALTIMORE MD. 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
VR AISME (5)	DOHN M. TAYLOR SONS ANNAPOLIS MD. DATMAY 3 1966 Schanles Judge

TO MAKE COMMENTS OF THE PROPERTY NO. REAL REPORT FOR THE CAR WELLINGS ON WITH MASSOCK & BERNE HE BURNE A THREE MEDICANESS STATES

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04672 the funeral ages 1 and 2 s after death, requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY filled in by the fundappers. Pages 1 of thin 72 haurs after of Anne Arundel Maryland MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) Crownsville Baltimore 30-4 month d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADORESS filled Port Street 724. Crownsville State Hospital within NOX YES arban 3. NAME OF First Edward Middle 4. DATE Last Month Doy Year DECEASED #31597 Bennett 1966 OF (Type or print) DEATH dimever S. SEX IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNOFR 1 YEAR emave White birthdov) Months Male 1/25/66 Dovs Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired please INDUSTRY COUNTRY ? attending physician sermit. Then please and Baltimore Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval. Edward Bennett Carrie Unknown (Yes no or unknown) (If yes give wor or dotes of service) 216, SOCIAL SECURITY NO. 1774/42 9/20/43 17. INFORMANT awrence N. Port St. burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Mvocardial Infarction IMMEDIATE CAUSE (o) physician. 4201 DUE TO Generalized Arteriosclerosis Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse priar ta l has been the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? Diabetes Mellitus NO NO TO FUNERAL DIRECTOR: After this certificate far 20a. ACCIOENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. OESCRIBE HOW INJURY OCCURREO. (Enter noture of injury in Part I or Part II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work of work 21. 1 certify that (1) (this haspital) attended the deceased from , 19 66, ta 4/3/ 1966, that (I) (we) last 3/21/ 1966, and that deoth occurred of : 05 M, fram causes and on the date stated above. saw the deceased alive on 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. Electer A 4/4/66 M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Crownsville, Maryland NAME (Type) Benedict, M.D. director, shauld 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) Burial (Specify) Baltimore Maryland Baltimore Maryland 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Charles VR A15 (4) 20 M 1/66 SANDER & SONS INC. Baltimore Md 1966

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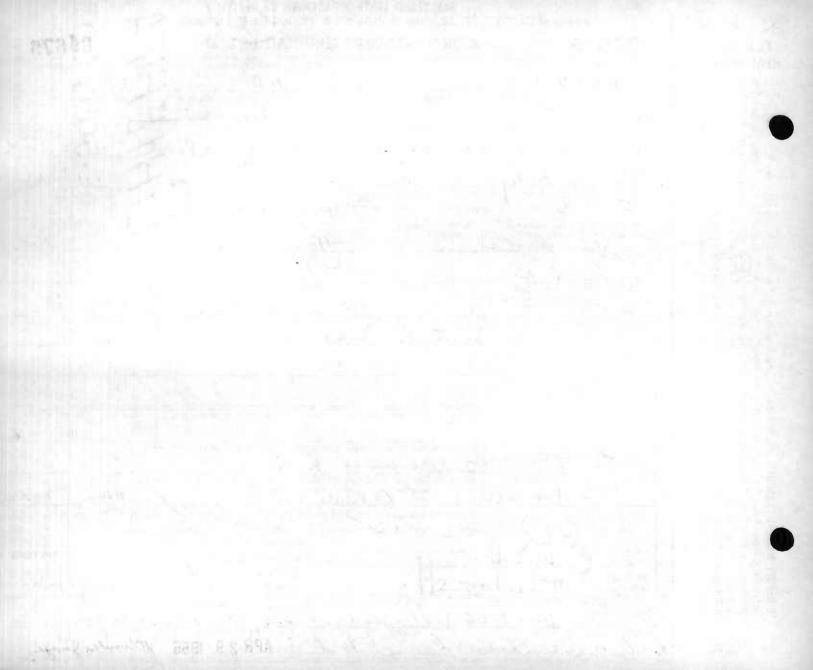
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND CITY OR TOWN (if outside corporate ilmits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) etely filled in by the bond papers. Page within 72 hours at EN BURNIE Marvland Severn d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM? 24 NO V YES Bells Trailer Park etely executed within arbon 3. NAME OF Middle DATE Month Day DECEASED OF 12 (Type or print) Lang DEATH 1966 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. MARRIED OATE OF BIRTH 9. NEVER MARRIEO MALE WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done I 10b. KINO OF BUSINESS OR 12. CITIZEN OF WHAT physician n please r val, and in 11. BIRTHPLACE (County & State, or foreign country) death certificate be dyring most of working life, even If retired) INDUSTRY COUNTRY? () W MUSEM attending phys ermit. Then plan, or removal, FATHER'S NAME 14. MOTHER'S MAIDEN NAME KNOWN NICNOW 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address permit. (Yes, no. or unkown) (If yes give war or dates of service) physic.
A signed by hard-transit personal cremation, or BOX 26 ESTLAN INTERVAL BETWEEN ONSET AND GEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSED BY: the hospital or attending physician. 12 IMMEDIATE CAUSE (a). been signed the burial-tr or to burial, (DUE TO 2 da Conditions, If any, which gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATHBUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMEO? The certificate NO YES PHYSICIAN: 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) detached for the Dept. of 1 this (State) 20c. TIME OF INJURY Month, Oay, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) be de State Hour a.m. After Id be d While Not While p.m. at work at work retained 21. I certify that (I) (this hospital) attended the deceased from 19 that (I) (we) last DIRECTOR: age 3 should iled with the and that death occurred at 500A M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNEO 22a. SIGNATURE 4 may be page . MEO. ATTENOING LLA M.D. PHYS. **OIRECTOR** HOSPITAL TO FUNERAL PHYSICIAN'S 22d. ADDRESS 22c. should be director, NAME (Type) BURIAL, CREMATION, 23b. OATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Glen Burnie Glen Haven Burial 4/15/66 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Glen Burnie, Md. REC'O BY REGISTRAR Fink Raymond C. VR A15 (4) 20M 1/65

20010 a bastyram arryland a SALVE STORM YOU WANTED BELLS IXELLED PASK wiles and the same of the same Surfal : 4/15/66 Cita Haven Clos Burnis, 141. segment C. wink Glos Jorg C. J. APR 15 1956 The A. L. April 1

Items 18-21 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04674 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPI PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O. COUNTY Anne Arundel a. STATE 2, and 3 to PM3. Page of MARYLANG Mary land Anne Arundel ded b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b after Linthicum Heights Crownsville d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS CHEDDINGTON ROAD e. IS RESIDENCE ON A FARM? in Item 18. Give Pages 1, r's Office alang with farm hours 311 KNNKKKKKK Road ate CROWNSVILLE STATE HOSPITAL YES NO K 24 hours after death. 3." NAME OF First Middle Last 4. DATE Month Doy Year within X2 DECEASED ANNA BOCK April 19 19 66 (Type or print) A. DEATH with 1 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Manths OCTOBER 21, 1932 WIDOWED DIVORCEO White Female event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) OUNTRY A TELEPHONE CO. MARYLAND any rd "pending" in pencil in Chief Medical Examiner's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within JOSEPH KLEIN OLGA REISLER pup 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ar remayal, (Yes, na, ar unknown) (If yes give war ar dates af service) 212-30-0774 MR. GEORGE S. BOCK, JR. 311 CHEDDINGTON RD. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: Respiratory failure and cardiac arrest IMMEDIATE CAUSE (a) _ This certificate shauld writing the ward burial, crematian, DUE TO during a convulsive seizure of unknown etiology farwarded to the Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause 19. WAS AUTOPS) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES SE NO please execute the certificate, 0 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) its designated agent, priar PRIMARY Or CONTRIBUTING shauld CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page at wark at work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection . Inquiry [and in my apinian for the funeral directar. death resulted fram: Natural causes X Accident . Suicide . Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER K ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 4-19-66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health (NAME (Type) Russell S. Fisher, M.D. Address (Street, city, town, or county) 23b. DATE THEREOF 23a. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 0 REMOVAL (Specify)
BURIAL BALTIMORE, MARYLAND 4-22-66 BALTIMORE NATIONAL CEMETERY 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR VR A15ME (5) HUBBARD FUNERAL HOME, 4107 WILKENS AVE. 21229

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 04675 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY of death. MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, and write RURAL and give nearest tawn) hours after ODEN TON d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET AOORESS e. IS RESIDENCE Office olong with form ON A FARM? 3. NAME OF First Day Year within 72 DECEASED MAQ DEATH 24 1966 (Type or print) IF UNDER 1 YEAR 9. AGE (In IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Months Oays Haurs Oper. 21-193 WIOOWEO DIVORCED event 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (State or foreign country) during prost obwarking life, even if retired) INDUSTRY COUNTRY? MOTHER'S MAIDEN NAM 13. FATHER'S NAME be executed within and 17. INFORMANT 16. SOCIAL SECURITY NO ar remaval. (Yes no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART 1. OEATH WAS CAUSED BY: ONSEL AND DEATH IMMEDIATE CAUSE (a) This certificate should the word cremation, DUE TO Conditions, if ony, which gove forworded to t rise ta immediate cause (a), OUE TO stoting the underlying couse 05 burial, (PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMEO? NO 🔏 designoted ogent, prior to 20a. EXTERNAL FAUSE WAS 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY TO CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (State) Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge at wark at wark 21. I certify that I took charge of the remains described above, beld an Autopsy Inquiry for Inspection 4. and in my apinian director. death resulted fram Natural causes Accident 4 Suicide | Homicide Undetermined manner CHIEF MEDICAL EXAMINER TO FUNERAL DI Health or its d ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY funeral moy be OEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) the 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) BURIAL CREMATION. (County) (State) REMOVAL (Specify) urial REC'O BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR VR A15ME (5) 1966 6M 1/66



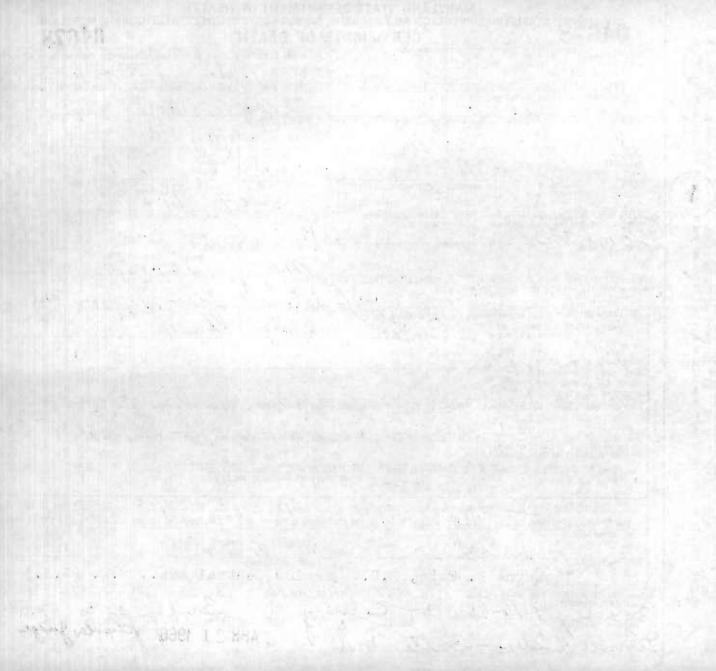
301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEAT 2. USUAL PESIDENCE (Whare deceased lived, If institution, Residence before admission a. COUNTY Page a. STATE of b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 rector. outside corporete limits wrife RURAL and give nearest town) spital, give street address) e. IS RESIDENCE ON A FARM? hours after YES NO Stat 3. Middle Month DECEASED OF (Type or print) DEATH 19/5 SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR NEVER IF UNDER 24 HRS last birthday) Months Days Hours 2 WIDOWED W EXAMINER: This certificate should be executed within 24 hours after ale, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, at the Chief Medical Examiner's Office along with form PM3. Page 5 in pued saged ATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? most of working life, even if retired) HER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, or unkown) | (Ifyes give were relates of service 18. CAUSE OF DEATH [Entar only ona cause per line for (a), (b), end (c) burial-transit removal PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (DUE TO ŏ Conditions, if any, which (b) cremation, gave rise to immediata cause pertificate, writing the word "pending' ded to the Chief Medical Examiner's ECTOR: Page 3 should be used as a tated agent, prior to burial, cremation DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Whila Not While at work at work DIRECTOR: p.m 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion or its designated death resulted from: Vatura causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATUR M.D O DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) please 4 shoul O FUN Health Address (Street, city, town, or county) BURIAL, CREMATION, 22b. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or coupling VR A15ME 5M 1/62

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. be executed within 24 hours after death and completely filled in by the funeral remove corbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission o. COUNTY o. STATE b. COUNTY MARYLAND New York Franklin Anne Arundel b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) event, within 72 hours Annapolis 12 hrs. Malone d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital 140 YES NO V is an and completely t lease remove corbon 3. NAME OF First Middle Last DATE Month Year Doy DECEASED BRENNAN 1966 April 10 Anne Cooney (Type or print) DEATH S. SEX IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR **NEVER MARRIED** lost birthdoy) Months Doys Hours Feb. 14 White WIDOWED DIVORCED Female during prost of working life, even if retired) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? INDUSTRY OME requires that the death certificate New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the offending physical sit permit. Then positions or remaya OONE) 16. SOCIAL SECURITY NO. INFORMANI (Yes, no, or unknown) (If yes give wor or dotes of service cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) þ Page 4 may be retoined by the hospitol or ottending physicion. signed t DUE TO burial Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse os the O FUNERAL DIRECTOR: After this certificate has been prior to lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION for use director, page 3 shauld be detoched for use should be filed with the Stote Dept. of Health YES [NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (1) (this heseital) attended the deceased from April 10 saw the deceased glive an April 10 19 66, and that death accurre , 1966, that (I) PAR last 1966 to April 10 3 shauld 19 66, and that death accurred at saw the deceased alive an M, from couses and on the date stated above. 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 121 Cathedral St., Annapolis, Md. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION DATE THEREOF (Stote) VOSEPH ALONE C.EM. 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 lianter

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	OR AT be ret OIRECT ge 3 sl ed with			ATE SIGNEO						
	SPITAL 4 may VERAL tor, pa d be fil		22c. PHYSICIAN'S NAME (Type) Wayne B. Tate, M.D. 22d. AODRESS 108 Central Ave., N.W.	(G.B.)						
	Page To FUN direct should	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 4-16-66 mt Calvay Graphy AA T							
	VR AI5 (4)	24	FUNERAL OIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. BELISTRAR OATE APR 2 1 1966 OATE APR 2 1 1966	SIGNATURE						
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please senove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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d. NAME OF HOSPI Anne Arunde	tal or institution (L General Ho			ddress)	d. STREET ADDRESS Box 534					ON A F	DENCE ARM?
3. NAME OF DECEASED (Type or print)	JOSEPHINE First	ALVE		ROWN	Last	4. DATE OF DEATH	Month April		Day	Yea	
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du ing most of working	V (Give kind of work don life, even If retired)	e 10b. KIND	OF BUSINESS OR		11. BIRTHPLACE (CO	ryland	foreign country	CC	DUNTRY:		
13. FATHER'S NAME Albert	Brown				14. MOTHER'S MAID Virginia	Alt				Wi	
15. WAS DECEASED EVE (Yes, pg., or unkown) (If	yes give war or dates of ser	219-	-26-2005	All	pert A. Brow	m-Arnol	Addres d, Mary	-	A.A	.Co.	
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) . COUNTY b. COUNTY. MARYLAND c. LENGTH OF STAY IN 16 CITY OR LOWN (If outside corporate limits, write RURAL and give nearest lown) b. CITY OR write RUBAL/and give nearest town) e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) ON A FARM YES NO completely 3. NAME OF Day 4. DATE Middle Last Month Year DECEASED OF DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX and Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unkown) | (If yes give war or dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate ceuse DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While Hour a.m. While at work et work p.m. (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from... M, from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 22e. SIGNATURE MED. STAFF SIGNED ATTENDING DIRECTOR death. Page 4 PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typ director, be filed v 23b. DATE THEREOF NAME OF CEMETERY OR CREMANOR) 23doLOCATION (City, town or county) BURIAL CREMATION. 25a. REC'D BY REGISTRAR 25b. VR A15 (4)

ARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04682 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death and campletely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COLINTY o. STATE b. COUNTY Anne Arundel Maryland b. CITY OR TOWN (if outside corporate limits, MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL ond give negrest town) van papers. Pag within 72 hours 10 days Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 286 West St. Anne Arundel General Hospital NO [NAME OF 4. DATE Last Manth Day Year DECEASED BROWN William Edward 19 66 April 15 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthdov) Months Doys Hours WIDOWED DIVORCED Male Negro
10a. USUAL OCCUPATION (Give kind of work done October23.1903 attending physician and sermit. Then please rem 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Truckers Helper and Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Wesley Brown Annie Simms 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address permit. (Yes, no or unknown) (If yes give war ar dates af service) 214-05-0701 Ruby P. Brown-286 West St. Anna. Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse (o), DUE TO stating the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending as the TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use CERTIFICATION NO 20a. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Not While factary, street, affice blda., etc.) at work at wark _, to April 15, 1966, that (I) (we) last M, fram causes and an the date stated above 22a. SIGNATURE DATE SIGNED ATTENDING PHYS. MED. DIRECTOR 16-66 M.D. directar, page shauld be filed 22c. PHYSICIAN'S NAME (Type) **ADDRESS** ALLEAI 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (Stote) BREMOVAL (Specify) Bestgate Rd. Annapolis, Md.
REGISTRAR 25b. REGISTRAR'S SIGNATURE Apr. 20-66 Pine Lawn 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR C.E.Hicks 111 Annapolis, Maryland VR A15 (4) 20 M 1/66

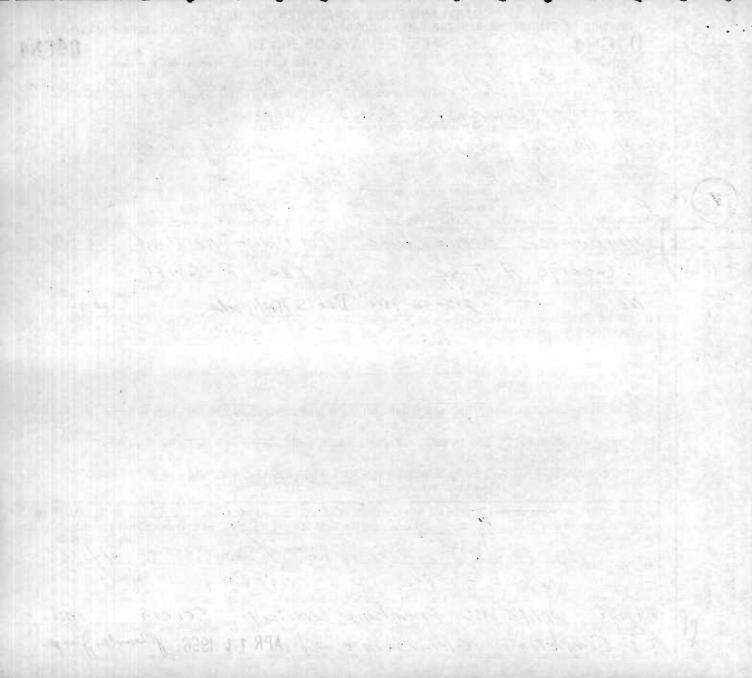
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funer PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY after b. COUNTY the MARYLAND Pages b. CITY DR TDWN (if outside corporate limits. c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If odtside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town 24 hours BAHTIMOTE Colen BURNIE .= day s 0 UERL d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? mont NO Z that the death certificate be executed within letely YES bon 3. NAME OF Middle DATE Month Day Year DECEASED (Type or print) DEATH 1966 5. SEX 6. COLDR OR RACE and col 7. MARRIED DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months I Davs Hours WIDOWED 7 DIVORCED [10a. USUAL OCCUPATION (Cive kind of work done physician, 1Db. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ease and in during most of working life, even if retired) INDUSTRY COUNTRY? il.SiA FATHER'S NAME MOTHER'S MAIDEN NAME remova attending r ermit. Ther cor transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. INFORMANT 17. (Yes, no, or unkown) (If yes give war or dates of service) the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). burial-transit burial, cremat INTERVAL BUTWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ONSET AND DEATH O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that t. Page 4 may be retained by the hospital or attending physician. signed DUE TO Conditions, If any, which (b) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the b gave rise to Immediate the I DUE TO cause (a), stating the prior underlying cause last (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTDPSY 19. for use Health PERFORMED? NO V YES 2Da. ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) t. of DR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) While Not While p.m. at work at work 21. I certify that (I)-(this hospital) attended the deceased from 3 sho saw the deceased alive on and that death occurred at ZM, from the causes and on the date stated above. 22a. SIGNATURE 22h. page ATTENDING PHYS. STAFF DIRECTOR PHYSICIAN'S director, p 22d. ADDRESS NAME (Type) BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY 23b. 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Severn DUVIAI 24. FUNERAL DIRECTOR ADDRESS REC'D BY RECISTRAR 25a. 25b. RECISTRAR'S SIGNATURE VR AI5 (4) 20M 1/65



MEALIN DEPI.

and 3 to the function rector. Page 25 years files.

2 with the State Board of Health, death. AL EXAMINER: This certificate should be executed within 24 hours after please execute it fiftcate, writing the word "pending" in pencil in Item 18. Give Pages 1 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 a or its designated agent, prior to burial, cremation, or removal, and in any event within 72 TO DEPUTY N

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MARYLAND STATE DEPARTMENT OF HEALTH

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	Anne Aruno	del General Hos	pital	9101	LeGrange Stre	ON A	FARM?
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	(Type or print)	KENT	C.	CODY	OF DEATH Apri	.1 30 19	66
5.	SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeers	IF UNDER 1 YEAR IF UNDER 2	
	Male	White wow	ED DIVORCED	January 13,	1946 last birthday) 20 yrs.	Months Days Hours	Min.
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13.	FATHER'S NAME			14. MOTHER'S MAIDEN			
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(18	s, no or unkown) (ITY	asgiva war or datas of sarvica)	8-64-0377 2	1-5 army	Reenda		
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	cause lest.) (c)	INDIA ITALIA PA ACATUALIA	07.071.4.770.700.7117.770.411			
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RTIF	20e. EXTERNAL CAL PRIMARY X or CON		IBE HOW INJURY OCCURED.	(Enter natura of injury in Par	t I or Pert II of itam 18.)		
	CAUSE OF DEATH.		ssenger in aut	o-auto accid	ent.		
CA	20c. TIME OF INJURY		INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm story, streat, office bldg., atc		(County) (S	Stefa)
MEDICAL	HourXXX	4/30 1966 While		Street	Annapolis	A.A. M	d.
	21. I certify tha	t I took charge of the ren	nains described above, h	eld an <u>Autopsy</u> X	Inspection , Inqui	ry , and in my op	inion
	death resulted fro	om: Natural causes	, Accident X , Suit	cide , Homicide	Undetermined n	nanner	
			1/	CHIEF MEDICAL	EXAMINER		
	ACTUAL	Clarked	(cu	ASSISTANT MED	ICAL EXAMINER X	DATE SIGN	IED
	SIGNATURE	Various.		DEPUTY MEDICAL	L EXAMINER []	5/1/66	
	EXAMINER'S NAME (Type)	Charles S. Pe	tty, M.D.		city, town, or county)		
22e	BURIAL, CREMATION		22c. NAME OF CEMETERY O		22d. LOCATION (City, low	, or country) (Steta)	

24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. るのよ funer and and death 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY by the f Pages 1 ars after hours after MARYLANO b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) on papers. Pag within 72 hours SuRn1 르 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? No A YES within tely carbon NAME OF 3. First Middle Last DATE Month Day Year remove complete DECEASED 0F (Type or print) 10 m 11. Kag DEATH 19 executed 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Months I Hours WIDOWED OIVORCED [physician please r Ξ. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME Retired USA certificate ed by the attending physi-transit permit. Then ple, cremation, or removal, a Sunbury. Clara Heintzleman Jaspar Conrad 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 17. death (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Dortha R. Conrad. dame as 2 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the signed by burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) burial-t burial, DUE TO Conditions, If any, which been gave rise to immediate 라라 DUE TO cause (a), stating the prior underlying cause last. has as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health use PERFORMED? certificate YES NO F PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) etached f Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detach MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) be de State factory, street, office bidg., etc.) Hour a.m. While After Id be d Not While retained by ATTENDING at work at work 21. I certify that (I) (this hospital) attended the deceased from 1966. 6. that (I) (we) last 3 should with the and that death occurred at O.C.M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED 22b. be DIR page ATTENDING PHYS. MED. DIRECTOR PHYS. O HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS director, p should be f NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town/or county) 2 REMOVAL (Specify) Howard County Burial 6Apr 66 Meadowridge Memorial 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR **ADDRESS** 1966 Kirkley Funeral Home, Glen Burnie, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Maryland b. COUNTY by the financial Pages 1 urs after Anne Arundel Anne Arundel MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Baltimore Life Baltimore = ve carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 8 1st. Ave. NO X 1st. Ave. YES within completely a NAME DE First Middle Last DATE Month Day Year DECEASEO OF April 19 66 T. Cooke John (Type or print) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED last birthday) | Months | in any Days Hours and July 11, 1898 Male White WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY and Balto. Md. Ship Burner certificate removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Lucy Dunn Clinton Cooke 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address the attent t permit. 0 (Yes, no, or unkown) | (If yes give war or dates of service) 1st. Ave. cremation. Mrs. Anna E. Cooke 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH by PART I. DEATH WAS CAUSED BY: en IMMEDIATE CAUSE (a) signed been signed the burial-trior to burial, c DUE TO Cenditions. If any, which gave rise to immediate DUE TO cause (a), stating the Drior underlying cause last. has as (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY use for use Health certificate PERFORMED? NO I YES PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for this MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While After d be d at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Jage 3 should lied with the \$A.M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at_ 22a. SIGNATURE DATE SIGNED 22b. filed ATTENDING PHYS. M.D. DIRECTOR Da O HOSPITAL TO FUNERAL PHYSICIAN'S 22d. **ADDRESS** director, p NAME (Type) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. REMOVAL (Specify) 26 1966 Cedar Hill Brooklyn, A. A. Co. Md. Burial ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Mc Cully VR AIS 20 M 1/65

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FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY ARUNDEL MARYL AND ANNE MARYLAND Department after death. b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) may GLEN BURNIF 2 YEARS GLEN BUNRIE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE APT. D ON A FARM? 3 to Page State 7493 FURNACE BRANCH RDAD 7493 FURNACE BRANCH RDAD NO X YES NAME DE 3. First Middle DATE Month Last the DECEASED M. MARIL DEATH (Type or print) 19 words THE REAL PROPERTY. 5. SEX 6. COLOR OR RACE OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED certificate should be executed within 24 hours after death. If iting the word "pending" in pencil in Item 18. Give Pages 1, and to the Chief Medical Examiner's Office along with form last birthday) Months Oavs Hours WIDOWED . OIVORGED [16.1894 went went 1Da. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? HOUSEWORK DWNHOME ANNE ARUNDEL CD. MD. U.S.A. any pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRANK P. CURRAN BARBARA SMITH File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address SAME AS 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, #2 (SISTER) NONE MISS MARY CURRAN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INDERVAL BETWEEN BNSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit per cremation, or r IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO (a), stating the ate, writing the word forwarded to the Chief 60 underlying cause last. ed as burial WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) CERTIFICATION PERFORMED? NO YES [Sign 2Da. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.) should I ent, pri 3 shou MEDICAL (County) (State) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While CTOR: Page designated at work ___ at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion pinous the cert FUNERAL DIRECTOR: Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER for your ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** director. Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, DATE THEREDE 23c. NAME OF CEMETERY DR CREMATORY 23b. 0 to REMOVAL (Specify) .1966 HOLY BROOKLYN BURIAL ADDRESS FUNERAL DIRECTOR VR ALSME (5) SINGLETON GLEN BURNIE. DATE 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

THE REPORT OF THE PARTY STATES OF THE PARTY ST TO SEE STATE OF THE SEE STATE OF · 日子 上世 · 自己 · 自己自由 THE CONTRACT OF STREET ROSE C. GENTL T. LEES AND COLOR CENTRAL AND ACCESSARY AND ELECTRICAL AND COLOR COLOR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL_and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) oon papers. Pag within 72 hours life Annapolis Annapolis = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 608 - First Street 608 - First Street NO XX YES within etely 3. NAME DF First Middle Last DATE Month Day DECEASED 0F GEORGE WASHINGTON DAVIS April 13 19 66 (Type or print) DEATH executed 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. Months Male April 12-1894 Negro WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired industry Real Estate – self Employed 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician pe COUNTRY? A.A.Co. Maryland death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phermit. Then removal Virgle Davis Mary Peale 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 0 (Yes, no, or unkown) | (If yes give war or dates of service) Virginia D. Bryant-606 Second St. Anna. Md. cremation, the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] gned by the requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) been signed the burial-transor to burial, cra DUE TO Conditions, If any, which (b) gave rise to Immediate for use as the b Health prior to b DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificate YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) of detached Dept. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. P 195 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the saw the deceased alive on_ and that death occurred at 2014 from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE page MED. DIRECTOR M.D. PHYS. FUNERAL PHYS/CIAN'S 22d. ADDRESS 22c. director, p A.T.Allen NAME (Type) Cathedral St. Annapolis. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Specify) April 16-66 Annapolis - Neck Annapolis, Maryland **ADDRESS** D. BY REGISTRAR 25h PEGISTRAR'S SIGNATURE Hicks 111 Annapolis. Md. VR A.15 (4) 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04630 requires that the death certificate be executed within 24 hours after death and completely filled in by the funero 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY Anne Arundel Anne Arundel MARYLAND vithin 72 hours ofter b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)

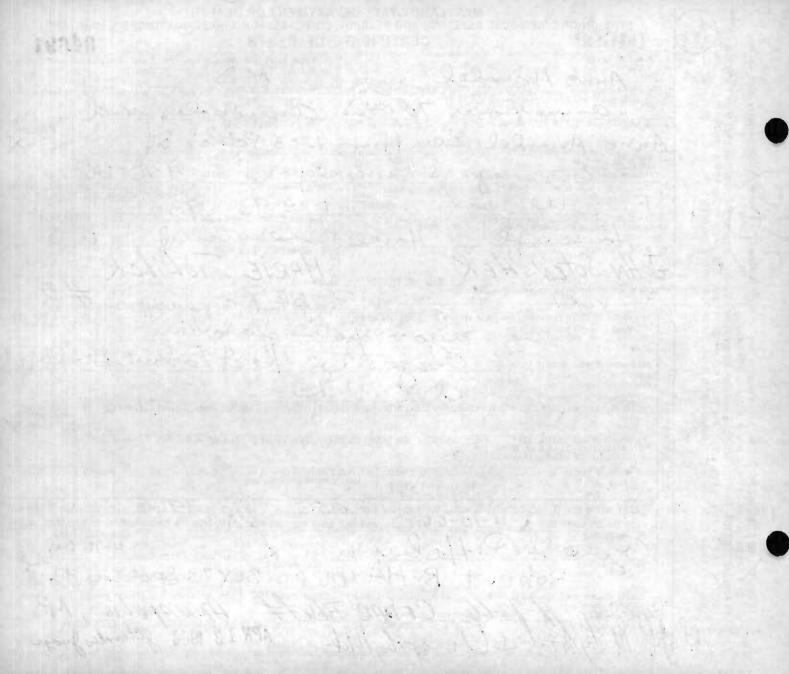
Annapolis c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital 24 RiverdaleDrive 3. NAME OF Middle 4. DATE Last Manth Day Year OECEASED DELGADO 19 66 April 10 Esther (Type or print) OEATH S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH **NEVER MARRIED** lost birthday) Months Hours Female White WIDOWED DIVORCED Nov. 25. 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? the attending physician sit permit. Then please and HOME New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, ar remova CONCEPTION WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give wor or dates of service 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN buriol-transit CHISET AND DEATH PART I. DEATH WAS CAUSED BY: Melastaly IMMEDIATE CAUSE (a) signed by DUF TO Conditions, if any, which gave rise to immediate cause (a). **OUE TO** stating the underlying cause as the Page 4 may be retained by the hospitol ar attending **DIRECTOR:** After this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION far use Stote Dept. of Heolth NO T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF OEATH 205. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Oay, Year 20d. INJURY OCCURRED Hour a.m. Not While foctory, street, office blda., etc.) at wark at wark 21. I certify that (I) (MOCHOSPOR) attended the deceased fram_ () clover April 10, 1966, that (1) (3004 last saw the deceased alive an April 10 19 66, and that death accurred at M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL phonell NAME (Type 121 Cathedral St., Annapoli's, 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b. DATE THEREOF EM VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after Maryland Anne Arundel Anne Aru**hde**l MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) event, within 72 hours hours .5 vears Linthicum Linthicum d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? #510 Shipley Road NO X YES ap and completely for remove carbon por in the second within #510 Shiplev Road executed within 3. NAME OF Middle Last Month Oay Year First DATE DECEASED DEATH 19 66 (Type or print) DISNEY Moril JULIFI 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED [NEVER MARRIED last birthday) Months Days Hours WIDOWED Y DIVORCED May 6. 1895 Female physiciap-in please ri val, and in 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life, even if retired) COUNTRY? U.S.A. Repit Store Anne Arundel Co Md Clerk (ret. 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova Nettie Clark 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the atten the burial-transit permit. It to burial, cremation, or The law requires that the death (Yes, no, or unkown) (If yes give war or dates of service) Mr. Robert Weldon Disney (son) Balto Md. 28 6860 INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which alread years gave rise to immediate DUE TO cause (a), stating the prior t underlying cause last. this certificate has detached for use as (c) CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use PERFORMED? ND X YES . OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [of OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be detached State Dept. of MEDICAL (County) (State) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) DIRECTOR: After the page 3 should be defined with the State Hour a.m. While Not While be retained by at work at work 1966 that (1) (we) last 1966 21. I certify that (I) (this hospital) attended the deceased from Gar-19 66, and that death occurred at 7 3 PM, from the causes and on the date stated above. saw the deceased alive on. annel 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. page ATTENDING PHYS. April 18, 1966 DIRECTOR M.O. Page 4 may FUNERAL 22d. ADDRESS PHYSICIAN'S director, p should be 1 NAME_(Type) Linthicum. Maryland oderick Shipley. MdD. 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2 A.A. Co., Maryland Friendship Cemetery April 20/66 Burial Single Appress uneral Homesa, Acc'd By REGISTRAR 256, REGISTRAR'S 24. FUNERAL DIRECTOR VR A15 (4) Glen Burnie. Md. R.V. Singleton. 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY by the tu b. COUNTY a. STATE Pages 1 urs after after MAC MARYLAND b. CITY DR TDWN (if outside corporate limits c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. rue write RURAL and give nearest town) 24 hours .⊑ d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled d. STREET ADDRESS within NO.X thu 0 YES executed within completely carbon NAME DE First Middle Day DATE Month Year DECEASED OF event. (Type or print) 1/02 DEATH 19 5. SEX 6. CDLOR OR RACE DATE OF BIRTH AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS. 8. 9. NEVER MARRIED remove last birthday) Months I Davs Hours any physician and WIDOWED DIVORCED = 12. CITIZEN OF WHAT 1Da. USUAL OCCUPATION (Give kind of work done | 1Db. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) lease and in during most of working life, even if refired) COUNTRY? INDUSTRY certificate _ FATHER'S NAME MOTHER'S MAIDEN NAME attending phy ermit. Then p 14. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address the attendit 16. SOCIAL SECURITY NO. death (Yes, no, or unkown) (If yes give war or dates of service) cremation, s been signed by and street burial-transit prior to burial, cremation INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **D HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) 20 DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating as th underlying cause last. certificate has CERTIFICATION 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use PERFORMED? ND YES 20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE DF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) After this certifuld be detached for the State Dept. of H MEDICAL (County) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While p.m. 19 at work at work olrector: A age 3 should lied with the 21. I certify that (I) (this hospital) attended the deceased from. 19_ and that death occurred at AM, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED SIGNATURE ATTENDING PHYS. page 0 DIRECTOR PHYSICIAN'S 22d. ADDRESS 22c. director, p NAME (Type) (State) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town pr county) 23b. DATE THEREOF 23 c. BURIAL, CREMATION. 23a. REMOVAL (Specify) 2 BY REGISTRAR 25b. REGISTRAR'S SIGNATUR **ADDRESS** 25a. FUNERAL DIRECTOR VR AIS 20M 1/65



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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, If institution; Residence before semission) e. COUNTY b. COUNTY 1 5 E MARYLAND b CTTY OR TOWN (if outside corporate limits, ס c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give naerest town) wella RURAL and give nearest to .5 d NAME OF HOSPITAL OR INST in hospital, give street address e. IS RESIDENCE ON A FARM? YES NO X completely papers. NAME OF DATE Yaar DECEASED OF (Type or print) DEATH 5 19 and cor SEX NEVER MARRIED DATE 9. AGE (In Years | IF UNDER TYEAR IF UNDER 24 HRS. 7. MARKIED last birthday) Months Days Hours WIDOWED 106 USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST & State, or toreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if refired) FATHER'S NAME MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yas, norter linkown) | (Ifyas giva war or dates of service) by the 18. CAUSE OF DEATH [Enlar only one cause per INTERVAL BETWEEN ONSET AND DEATH Advanced Carcinoma of Stomach with metastasis PART I, DEATH WAS CAUSED BY: mar IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), steting the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED Month, Day, Yaar 2De. PLACE OF INJURY (Homa, farm, 2Dt. (City or town) (County) (State) factory, street, office bldg., atc. Whila Not While Hour e.m. at work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from 19....., to......, 19....., that (I) (we) last saw the deceased alive on....... 22a. SIGNATURE 22b. DATE ATTENDING Y MED. STAFF SIGNED PHYS. DIRECTOR PHYS. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Annapolis, Md. Johnson, M. D. 20 Dean St. Theodore H. 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity, town or country) 0 FUNERAL DIRECTOR'S SIGNATURE 25b. 25e, REC'D BY REGISTRAR VR A15 (4) 1966

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Tte MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04695 FOR STAN HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY 2, ond 3 to PM3. Page A.A.Co 0 death. MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) after STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Office along with form hours 725 Hamlen. in Item 18. Give Pages NO P 725 Hamlen Rd. 24 hours after deoth. 3. NAME OF 4. DATE Middle Last Manth Year DECEASED OF 4 1966 (Type ar print DEATH IF UNDER 24 HRS. AGE (In years last birthday) IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE NEVER MARRIED Manths Days WIDOWED DIVORCED Aug. 1890 even 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind af work dane 11. BIRTHPLACE (State or foreign country) during mast of warking life, even if retired) **INDUSTRY** COUNTRY? Delaplane, Va.

14. MOTHER'S MAIDEN NAME poges I State Highway Emp. Retired USA the certificate, writing the word "pending" in pencil in 4 should be forworded to the Chief Medicol Exominer's 13. FATHER'S NAME be executed within puo James M. Embrey

1s. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates of service) Alice Cary Costello 17. INFORMANT 16. SOCIAL SECURITY NO. ar remaval, 230-30-7555 Mrs. Vera Embrey, same as 2 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY This certificate should burial, cremotian, DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO YES please execute the certificate, 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 shauld be Health ar its designated agent, prior to 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldg., etc.) Not While the funeral director. Page at work at wark 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection 7 and in my apinian Inquiry Suicide , Natural couses Accident death resulted from: Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, tawn, or county) NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify) 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Ivy Hill Cemetery 24. FUNERAL DIRECTOR DAAPR VR A15ME (5) Kirkley Funeral Home, Glen Burnie, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

VES transport Ro. AT AT A SECOND TO THE SECOND T ar telegraph benties State Mariany Fr. 01 01 01 1 30 FF areful . S percos A DE SEE , DESERVICE COMPANY OF THE SECOND Tribing of the Market Country Country Country Inc. ate to a more than a color manday by

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04698 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death death, the attending physician and completely filled in by the funeral sit permit. Then please <u>rema</u>ve carbon papers. Pages I ond 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE Anne Arundel Maryland MARYLAND Anne Arundel b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
Annapolis c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 2 days RURAL - Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital 803 Dreams Landing YES NO DX 3. NAME OF First Middle Last 4. DATE Month Year DECEASED EYSTER John April 19 66 Conrad (Type or print) DEATH S. SEX B. DATE OF BIRTH 1 YEAR 6. COLOR OR RACE AGE (In yeors IF UNDER IF UNDER 24 HRS. 7. MARRIED TO NEVER MARRIED lost birthdoy) Hours Male White WIDOWED DIVORCED Nov. 11, 1898 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BtRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)

13. FATHER'S NAME INDUSTRY EWEL COUNTRY? Pennsylvania 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the hospital ar attending physician. DUE TO là ules Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse this certificate has been far use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) O FUNERAL DIRECTOR: After ot work 21. I certify that (1) PROPERTY attended the deceased fram Alm 15 1964 to Apr. 13 , 1966, that (1) (was) last 19 66, and that death accurred at saw the deceased alive an Apr. 13 _M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED director, page 3 shauld be filed v DIRECTOR M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS CHURPH NAME (Type) 6571M1 121 Cathedral St., Annapolis, 23d. LOCATION (City or Town) 23b. DAJE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (County) (Stote) ANNAPOLIS 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Anne Arundel Anne Arundel MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, þ c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) within 24 write RURAL and give nearest town filled in Pages 1 Glen Burnie 18 vears Glen Burnie, Maryland filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS hours . IS RESIDENCE ON A FARM? papers. n 72 hou completely 426 Crain Highway S. W. 426 Crain Highway S. YES NO TO 3. NAME OF Middle 4. DATE DECEASED OF 5 (Typa or print) DEATH within Helen carbon Bertha Fink 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH and 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) event, Months Days 7/19/1892 Female WIDOWED X DIVORCED attending physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Chesterfield, Virginia U. S. A. Housewife please .5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and Thaddeus Crump Taylor Then requires that the or removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the 3 should be detached for use as the burial-transit permit. T permit. 215-01-3350 Raymond C. Fink 426 Crain Highway S.W 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, burial-transit DUE TO Conditions, if any, which geve risa to immediate cause DUE TO (a), steting the underlying use as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? prior YES | NO uno 20a. ACCIDENT WAS UNDERLYING IT 206 DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of item 18.) of Health OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour e.m. Not While State Dept. at work at work 21. | certify that (I) (this hospital) attended the deceased from....... 196 Z 1966..., and that death occurred at 2 pgM, from the causes and on the date stated above saw the deceased alive on..... 22a. SIGNATURE 22b. DATE ATTENDING SIGNED HOSPITAL FUNERAL with t DIRECTOR PHYS. PHYS. TQ M.D. Page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ector, filed 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) P # 3 REMOVAL (Specify) Baltimore, Md. Park Moreland Memorial 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A1S (4) Raymond C. Fink Glen Burnie, Md. 20M 5-63

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE DE DEATH a. COUNTY by the MARYLAND (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN write RURAL and give nearest town) oon papers. Pag within 72 hours 三 e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled ON A FARM? NO K YES etely pou Day NAME OF DATE Month 3. Middle First OF DEATH DECEASED 1966 (Type or print) comp executed AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. SEX 6. COLOR OR RACE 9. 7. MARRIED NEVER MARRIED DIVORCED WIDOWED yrs. (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR E physician / lease and ir during most of working life) even if retired) INDUSTRY COUNTRY? 24 ou sew Tome certificate 13. FATHER'S NAME removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT transit permit. death (Yes, no, or unknew) (If yes nive war or dates of service) the CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). been signed by the the burial-transit or to burial, cremat ONSET AND DEATH law requires that the PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the certificate has be thed for use as the ot. of Health prior to underlying cause last. (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? YES NO X 20b/ DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [detached for the Dept. of 1 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. DIRECTOR: After this (State) 20f. (Clty or town) (County) MEDICAL 120e, PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) be de State Hour a.m. While Not While be retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from 19Le Lee, and that death occurred at TAM, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. filed M.D. DIRECTOR TO FUNERAL I 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) LOCATION (City, town or county) 23d. NAME OF CEMETERY OR CREMATORX BURIAL, CREMATION, DATE THEREOF 23c. REMOVAL (Specify) ceria 25b. RÉGISTRAR'S SIGNATURE REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral after death, and PLACE DF DFATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Pages 1 urs after MARYLAND. b. CITY OR TOWN (if outside corporate limits. c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours -Burnie = MORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE DN A FARM? completely fille ove carbon paper event, within 7 unrie ND X YES within 3. NAME DE First Middle Last DATE Month Day DECEASED (Type or print) DEATH 19 certificate be executed remove any eve SEX 6. COLOR OR RACE 8. DATE OF AGE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED Days Hours WIDOWED X DIVORCED 1Da. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) = 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT and in INDUSTRY COUNTRY? FATHER'S NAME 0 MOTHER'S MAIDEN NAME remova attending phermit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address permit. 0 death (Yes, no, or unkown) (If yes give war or dates of service) cremation, the CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the ONSET AND DEATH I-transi PART I. DEATH WAS CAUSED BY: attending physician. signed IMMEDIATE CAUSE (a been street burian burial, c DUE TO Conditions, If env. which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate YES ND X PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING
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CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.) detached for this 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) be de State factory, street, office bidg., etc.) Hour a.m. While Not While at work After at work retained 70 21. I certify that (I) (this hospital) attended the deceased from 194 DIRECTOR: age 3 should led with the PAM, from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a SIGNATURE DATE SIGNED 22b. pe HOSPITAL OR page DIRECTOR PHYS M.D. FUNERAL ADDRESS PHYSICIAN'S 22d. director, p NAME (Type) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23c. 23d. LØCATION (City, town or county) (State) REMDVAL (Specify) FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR AIS 20M 1/65

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14	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
	04'7'()() CERTIFICATE OF DEATH	04699
V	PLACE OF DEATH a. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL e. LENGTH OF STAY IN 1b c. LENGTH OF STAY IN 1b 2. USUAL RESIDENCE (Where decessed lived, H Institution, a. STATE b. COUNTY c. CITY OR TOWN (if outside corporate limits, write RURAL e	1. A. Co.
Ox I	write RURAL and give neerest town) HUNDAPOLIS M. NAME OF HOSPITAL OR INSTITUTION (if not in hospital) give street address) M. NAME OF HOSPITAL OR INSTITUTION (if not in hospital) give street address) REDGEWATER G. STREET ADDRESS REDGEWATER REDGEWATER	e. IS RESIDENCE ON A FARM?
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	RICHARD H. GASKINS 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	U13.H.
	Yas, fo, or unkown) (Ifyesgive were redates of service) 579-69-4891 ELLAP GASKINS #2	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Cerula fluority 332 x DUE TO Conditions, if eny, which (b)	3 min
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0	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH	PERFORMED? YES NO
		ounty) (State)
	21. I certify that (I) (this hospital) attended the deceased from 1956 to 1956	that (I) (we) lot the date stated abov 22b, DATE SIGN
1	22c. PHYSICIAN'S PANK M S/H/PL/5 ADDRESS NAME (Type) FRANK M S/H/PL/5 ADDRESS 22d. ADDRESS WAS	4-12-0
	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMEJERY OF CREMATORY 23d. ACCATION (City, town of country) Specify 4-14-66 OAK HILL WASHINGTON ADDRESS 25b. REC'D BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR	1 2.00
'	of M. Tylot fous amayob, Md. DAPPR 13 1966 galax	les Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY arvland by the f Pages 1 urs after Anne Arundel Anne Arundel MARYLANO b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Glen Burnie c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b an and completely filled in by eremove carbon papers. Pag in any event, within 72 hours hours Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE ON A FARM? North Arundel Hospital #404 Oelmar Ave. NO X YES executed within 3. NAME OF Month First Middle DATE Year DECEASED OF 19 66 (Type or print) MITLLIAM GENT DEATH Apri] 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE OATE OF BIRTH 9. 8. 7. MARRIEO NEVER MARRIED last birthday) | Months | Davs Hours WIDOWEO OIVORCED 1895 Male attending physician a ermit. Then please re on, or removal, and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY Ritz 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) be RY Ritz Enterprises COUNTRY? Baltimore, Md. U.S.A. Movie Projectionist (Ret certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (unknown) George Gent Aones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT After this certificate has been signed by the attent be detached for use as the burial-transit permit. e State Dept. of Health prior to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) PHYSICIAN: The law requires that the death the hospital or attending physician. Mrs. Mabel M. Gent (wife) Same 215-03-1394 INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **OUE TO** Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last, (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO YES 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While be retained by at work et work bruneral DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from the _, and that death occurred at 9-32 saw the deceased alive on Charles 19/26 _M, from the causes and on the date stated above. 22b. OATE SIGNED SIGNATURE 22a. ATTENOING Page 4 may I M.D. PHYS. DIRECTOR PHYSICIAN'S' NAME (Type) ADDRESS director, p Crain Hwy. S/W Glen urnie.Md. 204 Donald Mac BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOYAL (Specify) 2 April 12,1965 Loudon Park Cemeterv Baltimore, Maryland Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 1966 VR A15 (4) Glen Burnie, Md. Richard V. Singleton 15M 4-64

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then bease remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or remover, and in any event, within 72 hours after defith.

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MARYLAND STATE DEPARTMENT OF HEALTH 04

		MAKI LAND O						
SION OF	STATISTICAL	RESEARCH AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE 1	I. MARYLAND
702		RESEARCH AND CERT	IFICATE	OF	DEATH			11471

1.	PLACE DF DEATI a. COUNTY					a CTATE		deceased lived, If ins		sidence befo	ore admission)
_		INE ARUNDEL		MARYLA	AND	MA MA	RYLAND	b. 000i	ANI	VE ARU	INDEL
	b. CITY OR TOW Write RURAL	N (If outside corpora and give nearest tov	te limits,	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN	(If outside c	orporate ilmits, wr	ite RURAL	and give no	earest town)
	GLE	BORNIE		23 DAYS			BALTIM	ORE #25	0	2-1	
	d. NAME OF HOS	SPITAL OR INSTITUTIO	ON (If not in h	ospital, give street add	iress)	d. STREET ADDRES	SS			e. IS	RESIDENCE
	NORT	TH ARUNDEL	GENERAL	L HOSPITAL		402	Creswe	11 Road		YES	NA FARM?
3.	NAME OF DECEASED		Irst	Middle	-946	Last	4. DAT	E Mont	h	Day	Year
	(Type or print)	Marvin		G.		Gentry	DEA	TH April		9	19 66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1		
	M	W	WIDOWED	DIVORCED		9-1-98		67 yrs.	Months	Days H	ours Min.
1Da	. USUAL DCCUPAT	ION (Cive kind of work	done 1Db. K	IND DF BUSINESS OR		11. BIRTHPLACE	(County & Sta	te, or foreign country) 12. CI	TIZEN OF V	VHAT
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13.	FATHER'S NAM	E	- 0(J & D		14. MOTHER'S MA					
	T	Riley Gent	2000			Mann	Town	Manah da			
15	WAS DECEASED I	EVER IN U.S. ARMED FO	ORCES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT	Jane	Addres	SS		
(Ye	s, no, or unkown)	(If yes give war or dates of	of service)	46 03 2169		Family		710210	Same		
_	210				1	ramily			ratile		
				ine for (a), (b), and (c).]	, /	1				ND DEATH
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a)	erebral	١	Lleman	Mage			3	wis
	4200	DUE	то	0 1			,18	0-			
	Conditions, If		(b)	freecos	cle	ester L	lert	Viscon	ر		
	gave rise to cause (a), st		TO								
	underlying caus		(c)								
CERTIFICATION	PART II. OTHER S	IGNIFICANT CONDITION		UTING TO DEATH BUT NO	TRELA	TED TO THE TERMINA	AL DISEASE CO	ONDITION GIVEN IN	PART 1(a)	19. WA	S AUTOPSY RFORMED?
표	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature	of Injury In	Part I or Part II o	of Item 18.		
CER	OR CONTRIBUTE	NC CAUSE DF DEA	TH NER)								
MEDICAL	20c. TIME OF I	**	Year 20d. While at wor	Not While	e. PLAI facto	CE OF INJURY (Home ry, street, office bldg	, farm, 20f. ., etc.)	(City or town)	(Cou	nty)	(State)
-				ed the deceased fro	m	37/18	1966 t	0 4/5	196	that	(I) (we) last
		eased alive pn	. 4	1101		death occurred a	and 2 113	from the causes		,	
	22a. SIGNATUR		11	, all	u tilat	death occurred a	, ,	ITOM the Gauses		TE SIGNE	
		100 B	. /27	Dav a		ATTENDING TO	MED.	STAFF	4/	911.1	
	22c. PHYSICIA	N'S	Jac		M.D	PHYS. 22d. ADDRESS	DIRECTOR	PHYS.	1	100	
	NAME (T)	(pe) NAY	NE B	TATE		108 (PATR.	Al Ane			
23a	. BURIAL, CREM REMOVAL (Spe	ATION, 23b. DATE	THEREOF	23c. NAME OF CEN	ETERY	OR CREMATORY	23d.	LOCATION (City, to		nty)	(State)
	Buris	1 4/12/	66	Meadowri	dos	Cem.		Balto. N	Id.		
24	FUNERAL DIRE	CTOR		Meadowri	-6-	25a. I	REC'D BY REC	GISTRAR 25b. R	EGISTRAR'S	SIGNATU	RE
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OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND 12 H 7771 by the b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end write RURAL end give pearest town) BULTIE 5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO X YES completely papers. 3. NAME OF Middle DATE DECEASED OF DEATH (Type or print) 19 carbon 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED last birthdey) and death certificate be Days Months Hours DIVORCED physician 10s. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if yetired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NA affending ā 15. WAS DECEASED EVER IN 16. SOCIAL SECURITY NO. (Yes, no, ogunkown) attending physician. as been signed by the 18. CAUSE OF DEATH only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) the burial-transit DUE TO Conditions, if any, which (b) gave rise to immediate cause DUF TO (a), steting the underlying certificate has cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY CERTIFICATION 92 PERFORMED? 0 NO X use prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, ferm, (State) 20d, INJURY OCCURRED 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m et work at work p.m 21. I certify that (I) (this hospital) atlended the deceased from. ID? and that death occurred at... M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22e. SIGNATURE **ATTENDING** MED. STAF SIGNED PHYS. DIRECTOR PHYS. PUNERAL ADDRESS 22c. PHYSICIAN'S 22d. NAME (Type) filed v 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specif REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Eton 15M 7-62

The law requires that the

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OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Brooklyn Pk. Brooklyn Park = regrove carbon paper. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4930 Brookwood Rd 4930 Brookwood Rd YES No P within NAME OF First Middle DATE Month Year DECEASED (Type or print) Theresa DEATH 4 15 V. 66 19 Gourley executed 6. COLOR OR RACE | 7. MARRIED AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | Ist birthday) | Months | Days | Hours | Min. 5. SEX 8. DATE OF BIRTH NEVER MARRIED F WHITTE 3/30/80 DIVORCED WIDOWED W 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11, BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) Housewife Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal. Anton Stapf Anna Tucker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the attent t permit. 0 (Yes, no, or unkown) | (If yes give war or dates of service) Family Seme CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] burial-transit burial, cremat INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Erebral atherosclerosis Cenditions, If any, which gave rise to Immediate as the prior to DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES I NO T 0 this cerum detached for PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. While Not While at work p.m. 19 at work 21. I certify that (I) (this hospital) attended the deceased from mus DIRECTOR: age 3 should filed with the 1966 and that death occurred at 6:101M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED MED. DIRECTOR HOSPITAL TO FUNERAL 22d. ADDRESS 5010-A Ritchie Highway director, p Morton Krieger M. D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 4/18/66 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Loudon Park Balto. 29 . Md . ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Funeral Home 237 Patapsco Ave VR A15 (4) 1/65

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1 4	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	201
FOR STATE	04705 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04704
HEALTH DEL	1. PLACE OF DEATH a. COUNTY Anne Arundel MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residen a. STALE COUNTY Anne Arundel	Co.
2, ond 2, ond PM3. eportm	b. CITY OR TOWN (If autside carparate limits wite RUPAL and give write RUPAL and give nearest tawn) HRNOLD c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RUPAL and give Woods off Old Annapolis Rd.	02.1
- 20 9 5 00	Woods off Old Annapolis Rd. Rev Suf 309	e. IS RESIDENCE ON A FARM? YES NO
ofter death. If a Give Pages 1, along with form with the State De within 72 hours	3. NAME OF First Middle Lost 4. DATE Month OF OF AGNES B. GREB DEATH April 23,	Day Year 1966 19
within 24 hours ofter death. pencil in Item 18. Give Page xaminer's Office along with file pools. The Stot	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 10-27-23 9. AGE (In years lar birthday) Windowshite NEVER MARRIED 10-27-23 9. AGE (In years lar birthday) Wonths	1 YEAR IF UNDER 24 HRS. Days Hours Min.
d within 24 hours in pencil in Item 18 Examiner's Office Pile pool of the Item 19 Examiner's Office and in any event	during more of warking tipe, even if retired) NOUSTRY Jose Ma	UNITRY 2
nould be executed within 2 ward "pending" in pendil in the Chief Medical Examiner rial-tronsit permit. File poortion, or removol, and in an in a	13. FATHER'S NAME Langer Tunger 14. MOTHER'S MAIDEN NAME Kress	
xecuted nding" in Medical E permit. F	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Lancis Address	Plone
be execute "pending" hief Medical onsit permit	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wounds of chest and head	INTERVAL BETWEEN ONSET AND DEATH
should be e ne ward "per o the Chief ! burial-tronsit mation, or re	98/X DUE TO	
ficote should ing the ward rded to the C as o burial-tr il, cremation,	rise to immediate cause (o), stoting the underlying couse lost.	
verti writ rwol rwol sed	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/6)	19. WAS AUTOPSY PERFORMED? YES X NO
E - P.O	200. EXTERNAL CAUSE WAS PRIMARY ED or CONTRIBUTING CAUSE OF DEATH. Shot in chest and head	TES ZA NO
3 aff she IN	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour a m. Hour	inty) (State)
AL EXAMIN execute the or. Page 4 sh of for your fi for Poge 3:	? p.m. ? 19 66 of work of work woods Anne A 21. I certify that I took charge of the remains described above, held on Autapsy A, Inspection , Inquiry ,	rundel Co. and in my apinion
NECTCAL EX pose executive page irector. Page oined for y IRECTOR: Po	death resulted from: Natural causes , Accident , Suicide , Homicide X, Undetermined manner	did in my apimon
Y MEDICA please e ol director retained NL DIRECT its design	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
necessary, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health or its designated age	EXAMINER'S NAME (Type) Rudiger Breitenecker, M.D. DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	4-24-66
TO the the S n	230. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CREMETERY OF CREMATORY COUNTY 23d. LOCATION (City of Journ) 4-27-66 Holy Crass County County 23d. LOCATION (City of Journ) 4-27-66 Holy Crass County Co	(County) (Stote)
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE DF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
Anne Arundel Maryland	a. STATE Maryland Anne arunde	与企业的主义的 对特别
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	
Glen Burnie	Glen Burnie	02-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
North Arundel General Hospital	626 Annapolis Blvd	YES NO
3. NAME DF First Middle	Last 4. DATE Month	Day Year
(Type or print) LTHEL D	TUMMER DEATH Cloud	231966
5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8		1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED Se	ept. 13. 1914 51 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT
Data Processing B&O Rail Road	Maryland U.	S. A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Henry Daniel	Mary Johnston	
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address	
No 220-07-9491 M	rs Nancy H Tully 626 Annapolis	Blvd
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cereby al	metastases	5 MOS
174 X DUE TO	0 0	
Conditions, If any, which (b) (1)	a of breast	2-415
gave rise to immediate cause (a), stating the DUE TD		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONTRIBUTIONS	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
ZDa. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of injury in Part I or Part II of Item 18.	YES NO
	The state of many in the formatter of the state of the st	,
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC Hour a.m. While at work at work	y, street, onice diag., etc.)	
		6, that (II) (we) last
	death occurred at 1:30 M, from the causes and on the	
22a. SIGNATURE	ATTENDING MED. STAFF	ATE SIGNED
226 PHYSICIAN'S M.D.	PHYS. DIRECTOR PHYS.	123 196
NAME (Type) A GAIR TUEN	22d. ADDRESS N. Broadelo	ry
23a.E81814 CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
Rurial 4/26/66 Lerraine Maus	Baltimore Mary	vland
24. FUNERAL DIRECTOR ADDRESS	25a REC'D BY REGISTRAR 25b BEGISTRAR	PICMATURE
Leonard J Ruck Inc. 5305 Harford Rd	APR 26 1966 garante	Judge

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY M Co a. STATE b. COUNTY deoth. of MARYLAND ent b. CITY OR TOWN (If autside corparate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside carparate limits, write RURAL and give negrest town) ond Deportme write RURAL and give nearest town) Altworke. 26 -MO d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS ON A FARM? D.GA - NORIH. 7916 west End. HRUNDE L NO T Item 18. Give Pages Office along with fr 3. NAME OF Middle Day Year DECEASED 19 6C MARC 21 (Type or print) DEATH I IF UNDER 24 HRS. IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 9. AGE (In Vegrs 7. MARRIED NEVER MARRIED last birthday) W WIDOWED DIVORCED 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of Norking life_even if retired) INDUSTRY OUSEN pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File puo 15 WAS DECEASED EVER IN U.S. ARMED PORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address removal, (Yes, no, ar unknown) (If yes give war ar dates af service NO INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSET AND DEATH cremotion, or IMMEDIATE CAUSE (o) certificate should Word DUE TO from & aute obeshalesm. Canditians, if any, which gave rise ta immediate cause (a), DUF TO stating the underlying cause 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO YES 2 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Doy, Year factory, street, affice bldq., etc.) Nat While at work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection 1 and in my apinion Accident . death resulted fram: Dufural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5 may be TO FUNERAL Heolth or i DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, tawn, ar caunty) NAME (Type) 23d. LOCATION (City or Town) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. (County) (State) LUMBRE 24. FUNERAL DIRECTOR VR A15ME (5)

MAKTLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, rector. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Arnold Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? North Arundel Hospital 733 Mill Creek Road State YES NO Y NAME OF Middle DATE Month to the DECEASED the (Type or print) JOHN H. HANKEY MANKKE DEATH April 17 66 19 2, and 3 to 5 may be 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. Poles V last birthday) Months | Days Male White WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. 8|RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working lifa, avan if ratirad) Self-Employed Baltimore, Maryland Glass Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME May Smith Jewel Hankey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no. or unkown) i (Ifyasa Mrs. Frances E. Hankey (wife) Same As #2 100 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: Carbon Monoxide Intoxication and Body Burns. in pencil IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which (b) word "pending gava risa to immadiate cause DUE TO (a), stating the underlying causa last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? Medical NO pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) PRIMARY X or CONTRIBUTING CAUSE OF DEATH. Fire in building. writing to Chief A 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ' 20f., (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stafa) factory, street, office bldg., etc.) Not Whila O Anne Arundel at work at work Glass Co. Bldg. Glen Burnie DIRECTOR: F 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL elle ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER 4/17/66 EXAMINER'S Charles S. Petty, NAME (Typa) Address (Streat, city, town, or county) 22a, SURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Glan Burnie, Maryland April 20,1966 Glen Haven Memorial Park 0 40 Rurial Singleton Funeral Home 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. AISME Glen Burnie, Md. 5M 7/59 H. Sinoleton

MARYLAND STATE DEPARTMENT OF HEALTH

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04708	CERTIFIC	ATE OF DEATH		Reg. Dist. No. 04707
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Male White	7- MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH NOV. 3, 1872		Months Days Hours Min.
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13. FATHER'S NAME Henry Hardesty		Betty Har		
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21. I certify that I attended the calive an 3/ 1/2/2 ACTUAL SIGNATURE BOOKER B. SENAME (Type)	deceased fram. That, , 1966,, and that death	M.D. Upper Mar		nd 4/1/66.
200. BURIAL, CREMATION, 22b. DATE THEREOF BUTIA	20. NAME OF CEMETERY OF Mt. Calvary		nd. LOCATION (City, town, o Lothian, A	or county) (Stote) eA • Md •
23. FUNERAL DIRECTOR'S SIGNATURE Ritchie Bros. Fubil Ho	ADDRESS ome-Upper Marlboro	Md. 240. REC'D	BY REGISTRAR 246. REGIS	trar's signature

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04709 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death and attending physician and campletely filled in by the funeral permit. Then please remove carban papers. Pages I and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) papers. Pagi hin 72 hours o write RURAL and give nearest town) DOA Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

Anne Arundel General Hospital d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hin NO NO YES t, with NAME OF First Middle Last 4. DATE Month Day Year DECEASED HARDESTY April 66 (Type or print) Sarah 19 DEATH any eve S. SEX AGE (In years 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED last birthday) Months Days Haurs WIDOWED DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? during mast af warking life, eyen if retired) and Jausemile me 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no., ar unknawn) ((If yes give war ar dates of service) 16. SOCIAL SECURITY NO. INFORMANT 17. Address D crematian, INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) þ DUE TO signed burial, Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying cause Page 4 may be retained by the haspital or attending OFUNERAL DIRECTOR: After this certificate has been as the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION far use NO F YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) of detached (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) Haur a.m. factory, street, affice blda., etc.) Not While at wark at work 21. 1 certify that (I) PRODUCTED attended the deceased fram. 1966, that (1) (vge) last and that death accurred at M, fram causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING X M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. 'PHYSICIAN'S NAME (Type) Richard Franklin St. Annapolis. directar, I shauld be Hochman M.D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VR A15 (4)

245,20 Lawrence Company Topics

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whera deceased lived, If institution: Residence before edmission a. COUNTY b. COUNTY MARYLAND a. b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give naarast town) write RURAL and give nearest town) = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO D completely 3. NAME OF Middle Month Day Yeer DECEASED OF (Typa or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In Years | IF UNDER 1 YEAR IF UNDER 24 HRS and last birthday) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affending ple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or, unkown) | (if yes give wer or detes of service) 18. CAUSE OF DEATH |Entar only one cause per line for (e), (b), and (c).) INTERVALBETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gava rise to immediate cause DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? as NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20t. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work 19 p.m. .M. from the causes and on the date stated above. and that death occurred at & saw the deceased 22b. DATE 22a. SIGNATURE ATTENDING STGNED STAF PHYS. DIRECTOR PHYS. M.D. PUNERAL 22c. PHYSICIAN'S 22d. ADDRESS 23a. BURIAL, CREMATION, | 23b., DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) 0 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1SM 7-62

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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	ING PH) I by the After th be det State D	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 40	nty) (State)
	END in ed the the		21. I certify that (I) (this hespital) attended the deceased from 11-8, 1963, to 4-29, 1966 saw the deceased alive on 29, 1966, and that death occurred at 10-3, from the causes and on the	that (I) (we) last
	AL OR ATTI nay be reta IL DIRECTO page 3 sho filed with		M.D. ATTENDING MED. STAFF PHYS. april	L 30, 1966
	Page 4 may or FUNERAL director, pa		22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS	
	Pag TO Fu dire shou	23:	Buria 5/3/66 File A. Co.	nty) (State)
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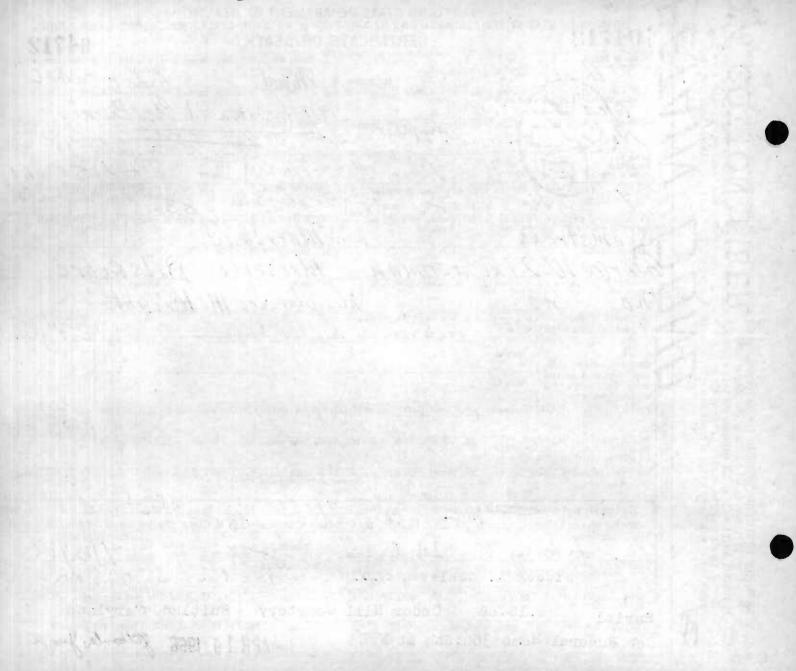
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY and 3 to M3. Page af after death. MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE Office alang with farm ON A FARM? DO.A- NORTH. ARCNOEL. NOSP tem 18. Give Pages 24 hours after death. 3. NAME OF 4. DATE DECEASED 14.66 196 C (Type or print) DEATH IF UNDER 1 YEAR S. SEX DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. Jost birthdoy) Months Hours 7-20-98 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if refired) INDUSTRY U.S.A. any Service Pennsylvania Asphalt 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME = (unknown) (unknown) Hill and WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 218-03-6394 remaval, Mr. Rov Hill (son) Same as 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH cremation, or IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove writing the rise to immediate couse (o), DUF TO stoting the underlying couse burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO D YES the certificate 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) designated agent, prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. may be retained for your FUNERAL DIRECTOR: Page ot work 2). I certify that hook charge of the remains described obove, held an Autopsy ... Inspection 7 Inquiry and in my opinion Natural couses Accident deoth resulted fro Suicide Undetermined monner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO FUNE. Health or it DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) REMOVAL (Specify)
Burial April 11,1966 Cedar Hill Cemetery Brooklyn R F D. Md. 24. FUNERAL DIRECTOR Glen Burnie, Md VR A15ME (5) Richard V. Singleton

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MARYLAND STATE DEPARTMENT OF HEALTH



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1. P	LACE OF DEAT	Н			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)						
°		e Arundel		Manua .	a. STATE b. COUNTY						
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		Burnie				Glen Bu	rnie		0	2-1	
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	North .	Arundel H	ospital			#915Andr	ews Rd.			YES 🗌	No X
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5. S	EX	6. COLOR OR RAC	- 1	NEVER MARRIED	7/8	B. DATE OF BIRTH		E (In years IF	UNDER 1 Y	EAR IF UNDE	
Mal	9.	White	WIOOWED	DIVORCED		April 29.19	919 46		onths Da	ys Hours	Min.
10a. L	SUAL OCCUPAT	TON (Give kind of wo	rkdone 10b. K	(IND OF BUSINESS OR		11. BIRTHPLACE (C				ZEN OF WHA	ī
	Painte:		_	th. Steel		New Phil:	adelnhia	. Pa.		5.0	
13.	FATHER'S NAM	E				14. MOTHER'S MAIL	DEN NAME			3. H.	
	And:	r e w Jaola					D				
15. V		EVER IN U.S. ARMED		SOCIAL SECURITY NO.	1 17	INFORMANT	Burchika	Address			-
(Yes,	no, or unkown)	(If yes give war or dat	es of service)					Address			
- 1/	0	None		11-07-3690		rs. Sarah A	R. Gagla	s (wife	2) Sa	me As	#2
1			//	line for (a), (b), and (c).		.00	1 +			NTERVAL BE	
	PART I. DE	ATH WAS CAUSED IMMEDIATE CAU		Cute mass	rad	and su	favolion				BATT_
	420	1				_ / /		m 120 00=			
	conditions, If		JE TO BY	To inself	11	o Afry	1inon	,	,	1.24	m.
	ave rise to	Immediate /	(b) 47	com rue		V. OLLA	V-)			1	uzz
	ause (a), s	tating the	UE TO						270		
1 - 1 -	inderlying caus		(c)							10 1440 8	UTODOV
181	ARTH. OTHERS	SIGNIFICANT CONDI	TIONS CONTRIB	UTING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL D	DISEASE CONDITIO	ON GIVEN IN PA	RI 1(a)	19. WAS A	UTOPSY RMED?
2										YES	NO 🗌
CERTIFICATION	Oa. ACCIDENT	WAS UNDERLYING	EATH 20b.	DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature of	injury in Part i	or Part II of I	tem 18.)		
	IF EITHER, NO	TIFY MEDICAL EXA	MINER)								
MEDICAL		INJURY Month, Da	y, Year 20d. I	NJURY OCCURRED 20	e. PLA	CE OF INJURY (Home, fa	erm, 20f. (City	or town)	(County) (State)
<u>a</u>	Hour a.r		While		tacto	ry, street, office bldg., e	tc.)				
≥ -	p.1		19 at wor		_	1		1.7		.) . (!) (N 1 4
			ospital) attend	led the deceased from			9_66, to	4		, that (I) (
		ceased alive on_	4 1	7 19 66, and	d that	death occurred at	M, from t				l above.
1 1	22a. SIGNATUI	RE S	A som.	14		ATTENDING 1	MED.	STAFF -	22b. DATE	SIGNED	11
	116	Peny !	rocei	loly	M.D	. PHYS.	DIRECTOR i	HYS.	4	1 - 2	5
	22c. PHYSICIA NAME (T)	IN'S	0:11	-21/11	1	22d. ADDRESS	+	20.01	20	-	-
_	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	64.1.	0116	MEIKY	6117	0 5 Cm	was &	ne -	1 34	1 000	ang .
23a.	BURIAL, CREM	ATION, 23b. DAT	E THEREOF	23c. NAME OF CEM	ETERY	OR CREMATORY	23d. LOCAT	ION (City, town	or count	y) (S	tate)
	Burial	Anri	1 11.19	AS GIEN HAV	/ED	Mem. Park		Burnie		ryland	
24.	FUNERAL DIRE						C'D BY REGISTRA				
	Richar	d V. Tin	gleton	Glen Burr	ne,	MO. DAAPR	1 3 196	6 gclu	arles	Judge	-
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	en hou. Fack siend			

I (N. A.	Division of STATISTICAL RESEARCH AND RECORDS, 3	01 W. PRESTON STREET, BALTIMORE, MARYLA	ND 21201
FOR STATE		S CERTIFICATE OF DEATH	04714
HEALIH DEPI.	I. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution.	: Residence before odmission)
is to to af	Anne Arundel MARYLAND	o. STATE Maryland b. COUNTY	Anne Arundel
delay and 3 13. Pag ment	b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corparate limits, write RURAL	and give nearest tawn)
de an Aram	write RURAL and give nearest town) /Balttimore-/pureal/ GIEN BURNIE		A 2 . I
2, and 3 to PM3. Page spartment of after death.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Baltimore-rural	e. IS RESIDENCE
Turn og sin 54	North Arundel Hospital		ON_A_FARM?
Pages 1, 2, and 3 to with farm PM3. Page State Department of 72 hours after death.	3. NAME OF First Middle	Bellgrove Road	YES NO
after death. IN-8. Give Pages 1, glang with farm with the State De within 72 hours	DECEASED	OF	Day Year
after de 8. Give P plang w with the within 7	(Type or print) DIANE S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	JOHNSON DEATH April 8. DATE OF BIRTH 9. AGE (In years)	19 19 66 FUNDER 1 YEAR 1 IF UNDER 24 HR
after 8. Giv alang with with	THANKIED IN MAKE	lost birthdov)	Months Doys Hours Min.
haurs form 18 Office and 2 v	Temate Negro	3 6-8 / 8 Yrs.	L NO CITIZEN OF HUILAY
	10o. USUAL OCCUPATION (Give kind of work done during most of working life eyen if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
thin 24 ncil in niner's, pages 1 in any	In CATURE WANT	Dallomore Md	USA
within pencil xamine ile page	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
n be Exar File and	Lamuel Morris	1 atherine 1/00	les
executed anding" in Medical E. t permit. F	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service)	. INFORMANT Address	
executed nding" ii Medical permit.		Samuel novis, 5901 x	sellegive Rd
INER: This certificate should be executed within 2 e certificate, writing the ward "pending" in pencil is shauld be farwarded to the Chief Medical Examiner files. 3 shauld be used as a burial-transit permit. File pages of priar to burial, cremation, ar removal, and in an	18. CAUSE OF DEATH (Enter only ane couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Crushing injuries	of head and trunk	INTERVAL BETWEEN ONSET AND DEATH
should be e ne ward "per o the Chief A burial-transit matian, ar re	IMMEDIATE CAUSE (0)	of head and trunk	ONSET AND DEATH
ate should g the ward ed to the C a burial-tr crematian,	8 13 0 DUE TO		
sho e w th orric	Conditions, if ony, which gove rise to immediate cause (a),		
d to	stoting the underlying couse DUE TO		
fica ing rdec as al, c	lost. (c)		
This certificate should cate, writing the ward be farwarded to the Ch be used as a burial-tract to burial, crematian,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
this cate, ne fail	200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING DECEMBER OF CONTRIBUTING BICYCLE-Truck		YES NO E
Th fica be Id b ar t	20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	D. (Enter nature of injury in Port I or Part II of item 18.)	
AMINER: This the certificate, at the certificate, at shauld be four files. ge 3 shauld be to ge 3 shauld be to agent, priar to		collision	
		LACE OF INJURY (Hame, farm, 20f. (City or town)	(County) (Stote)
EXAMINER: cute the certivage 4 shauld r yaur files. :Page 3 shau ed agent, pri	4:50 p.m. 4/19 1966 of work of work start of the start of	octory, street, office bldg., etc.) Street	Anne Arundel
Medical EXA please execute director. Page etained far yay DIRECTOR: Pag	21. I certify that I taak charge of the remains described above, I		
Medical Independent of the properties of the pro		ricide . Hamicide . Undetermined man	
SECTION IN		CHIEF MEDICAL EXAMINER	.01
ple ple reto	SIGNATURE / // // // CITY CITY	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
UTY Jny, Derigher Bergaria	EXAMINER'S	DEPUTY MEDICAL EXAMINER	
O DEPUTY MEDICAL EXAM necessary, please execute the the funeral directar. Page 4 5 may be retained far yaur O FUNERAL DIRECTOR: Page Health ar its designated age	NAME (Type) Rudiger Breitenecker, M.D./	Address (Street, city, town, or county)	4/20/66
O DEPunecesson the fun 5 may 0 FUNE Health	23a. BURIAL, CREMATION, 23b., DATE THEREOF 23c. NAME OF CEMPTERY OF	R CREMATORY 23d LOCATION (City or Town)	(County) (Stote)
100	REMOVAL (Specify) 4-23-66 mt Calv	ery Brooklyn	AACO md
	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 27b. REGIS	TPAPE CIGNATURE
VR A15ME (5)	His all All a to	d// APR 2.7 1966	Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH

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1 1/	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
E 20 E	AL	04716 CERTIFICATE OF DEATH 04715
hours after death. d in by the funeral rrs. Pages 1 and 2. 2 hours after death.	1.	PLACE OF DEATH a. COUNTY a. STATE b. CDUNTY b. CDUNTY
by the 1 Pages 1 urs after	-	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)
in by		RUTAL - GLEN BURNIE DAY FLEN BURNIE 02-1
filled papers, in 72 h	4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
	3.	NORTH HRUNDEL GENERAL HOSP, 1609 MANNING ND. YES NOW
with with the carbon ant, w		OF OFFICE ANN JOHNSON DEATH APRIL 26 1966
	5.	SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
	10	a. USUAL DCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT CDUNTRY?
physicial n please val, and		Nurse Medical Maryland W.J.A.
certificat Iding phy Then premoval,	13	FATHER'S NAME
attending primit. Therenow, or remove	1:	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYND. 17. INFORMANT Address es, no, pr unkown) ((If yes give war or dates of service)
death c ne atten permit. ion, or		No 11 Fifth Ave.
y the sit		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH
that sician ned l al-tra		4201 DUE TO DUE TO
phys phys n sig buris buris	13	Conditions, If any, which gave rise to immediate (b) mesocaedial infarct weeks
required been the or to		cause (a), stating the DUE TD
he law or atten or atten or as use as alth pric	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TD DEATH OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CIAN: The la ospital or att certificate h hed for use t. of Health	CERTIFICAT	YES NO
YSICIAN e hospiti iis certi tached f	CERT	20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
子子中	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	MED	p.m. 19 at work at work
L OR ATTENDI by be retained DIRECTOR: A lage 3 should filed with the		21. I certify that (I) (this hospital) attended the deceased from
IR AT		22a. SIGNATURE
ral of nay the nay the page page file		22c. PHYSICIÁN'S NAME (Type) ATTENDING MED. DIRECTOR STAFF PHYS. DIRECTOR
TO HOSPITAL OR ATTENDING Page 4 may be retained by O FUNERAL DIRECTOR. After director, page 3 should be should be filed with the Stat	-	NAME (Type)
Pag Pag TO Ft dire shou	23	REMOVAL (Specify) 1/20/11
	7 /24	FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AI5 (4) 20M 1/65	W	alters Funeral Home - Balto, Md. DAMAY 2 1966 Johnson Jungar
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X	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM CERTIFICATE OF DEATH	1)4718
1		ed, If Institution: Residence before edmissio COUNTY
-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neades town) C. LENGTH OF STAY IN 1b C. COTY OR TOWN if outside corporate limits, write RURAL and give neades town)	s, write RURAL end give neerest town)
-	d. NAME O HOSPITAL OR INSTITUTION (if not in hospitaly give street eddress) d. STREET ADDRESS	Is residence
10	3. NAME OF BOOKER MOSSING HOME GE MEISENGERCHEL	Jares YES NO Day Year
	(Type or print) Same of DEATH CE	ril 25 1966
1	Mace Marin WIDOWED DIVORCED 7 -7-1876 Bost birth	yeers IF UNDER 1 YEAR IF UNDER 24 HRS IF UNDER 24 HRS IF UNDER 24 HRS Hours Min. Min.
11	10e. LUSUAL OCCUPATION (Give Ind of work done during man of working life (yen if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or Arreign condone during man of working life (yen if retired)	untry) 12 CITIZEN OF WHAT COUNTR
1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	usq,
1:	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesgive war or delas of sarvice)	ddress
	18. CAUSE OF DEATH [Enter only one cause per lige topse), (b), and (c).]	OMONSVELLONK
	PART I. DEATH WAS CAUSED BY: (drawary Ceclusion)	ONST AND DEATH
	Conditions, if any, which (b) Mila Cardeal enfancion	2 day
	geve rise to immediate ceuse (e), stating the underlying DUE TO	and liken
CATION	- in the second of the second	N GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?
CERTIFICAT		YES NO
ICAL CER		(County) (State)
MEDIC	Hour e.m. While Not While factory, straet, office bldg., etc.)	4-10
	21. I certify that (I) (this hospital) attended the deceased from	ises and on the date stated above
	220. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGN
	22c. PHYSICIAN'S NAME (Type) Richard H. Heert 100 Cherry Can,	Chan Burning Med
2	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (CH	ty, town or county) (Stata)
2	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256	REGISTRAY'S SIGNATURE
1-	WHITE F THOS W Washington MAY 2 1966	Charles Judge
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04718 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death and the attending physician and campletely filled in by the funeral sit permit. Then please remove carban papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel carban papers. Pages 1 nt, within 72 hours after MARYLAND Maryland Anne Arundel b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TDWN (If outside carparote limits, write RURAL and give nearest tawn) CLENGTH DE STAY IN 16 Annapolis Annapolis d. NAME DF HDSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital 517 Ridgely Ave. NO TO YES NAME OF First Middle DATE Lost Month Doy Year DECEASED (Type or print) JONES 19 66 Maude Gertrude April 11 DEATH S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED DATE OF BIRTH AGE (In years NEVER MARRIED lost birthdoy) Months Hours Doys April 8, 1886 Female White WIDOWED X DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Coupty & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, ever if retired) and INDUSTRY COUNTRY? Mameland Hallesseufe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal. OUSCH WAS DECEASED EVER IN U.S. ARMED FD RCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AddressINA PEZIS (Yes, no, or unknown) (If yes give wor or dotes of service INDAMOR crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN burial-transit ONSET AND DE PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a) DUF TO far use as the t f Health prior tab stating the underlying couse Poge 4 may be retained by the hospital or attending has been PHYSICIAN: The law lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? CERTIFICATION directar, page 3 shauld be detached far use shauld be filed with the State Dept. of Health NO X O FUNERAL DIRECTOR: After this certificate directar, page 3 shauld be detached far us 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) at wark ot work . 1966, to 21. I certify that (I) (the leasted) attended the deceased from. 19 66, that (1) (3000 last sow the deceosed olive on. ond that death occurred at M, fram causes and on the dote stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF 4/11/66 unan M.D. PHYS DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS Richard I. Hochman, M.D. NAME (Type) Franklin St., Annapolis, Md. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d, LOCATION (City or Town) (Stote) (County) NNAPOLI8 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR REGISTRAR'S SIGNATUR VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH be executed within 24 hours after death funeral 1 and . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission o COUNTY o. STATE Maryland b COUNTY Anne Arundel
b. CITY OR TOWN (If autside corparate limits, ompletely filled in by the furve carban papers. Pages 1 event, within 72 hours after, MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 write RURAL and give nearest town 3mos. 29das. Baltimore, Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely filled in nave carban paper Crownsville State Hospital 1915 Regester Street YES NO NO 3. NAME OF First Middle 4. DATE Last Month Doy Year DECEASED #31115 29 1966 James Jordan (Type or print) DEATH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Hours White Male WIDOWED | DIVORCED /22/05 1Da. USUAL OCCUPATION (Give kind af wark done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Telephone Man & P. Telephone Maryland

14. MOTHER'S MAIDEN NAME USA requires that the death certificant transit permit. Then p crematian, ar removal, Phy Lucy E. Smith John Jordan 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown) ((If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hospital Record 212 05 0871 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p burial, cremati PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Dehydration and Inanition IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause be detached far use as the State Dept, of Health prior ta has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Generalized Cerebral Arteriosclerosis NO K TO FUNERAL DIRECTOR: After this certificate be retained by the haspital or ATTENDING PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (County) Haur a.m. Not While factory, street, office bldg., etc.) Md. crownsville at wark 21. I certify that (1) (this haspital) attended the deceased fram_ 1/15/, 1966, to 4/29/, 1966, that (I) (we) last 4/29/ 19 66, and that death accurred at 9:15M, fram causes and an the date stated above saw the deceased aliveran. 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING 4/29/66 V DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS Crownsville, Maryland NAME (Type) Benedict, M.D. directar, should b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) 5/2/66 Parkwood Baltimore, Maryland
REGISTRAR 256. REGISTRAR'S SIGNATURE Rurial 24. FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Robert C. Altenburg 6009 Harford Road 1966 Funeral Home Tre-

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L	1(0)	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	LADVI AND
	# # # WE		CERTIFICATE OF DEATH	114710
	funeral and and death.	1.	PLACE OF DEATH COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Real of the county	esidence before admission
	rs after by the f Pages 1 urs after	1	b. CITY OR TOWN (if outside corporate limits C. LENGTH OF STAY IN 1)	and also populate tour
	hours and in by rs. Pag	1	nnannie Almo Annie	and give hearest town
	4 5 5 6	1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENC ON A FARM?
	ted within 2 completely fil ve carbon pal event, within	3.	NAME OF First Middle Last 4. DATE Month	YES NO Day Year
	completely ve carbon event, with	5.	(Type or print) John S. KANC DEATH HOR!	15 1966
	and co	N	NEVER MARRIED N. DAVE OF BIRTH 9. AGE (in years It birthday) Months Note: The state of birthday in the state of birthda	1 YEAR IF UNDER 24 HR Days Hours Min
	e be existen a sician a lease re and in a	10: dui	HOUSE COCKET AND	TIZEN OF WHAT
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	fing p		Edward HANE Ellen C REVEIL	
	n c it.	(Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address (If yes give war or dates of service)	
	at the deathing. If you have attransit permore cremation,	Cal	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	physician. signed by th vurial-transit ourial, cremat		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Janksenin's descare	ONSET AND DEATH
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		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town)	nty) (State)
	ed by Afte Id be	ME	Hour a.m. p.m. 19 While at work Not While at work While	L, that (I) (we) las
	retained by contained by colors. After should be with the State		saw the deceased alive on 467 1966, and that death occurred at 2 P.M. from the causes and on the	e date stated above
	y be JIRE		M.D. ATTENDING MED. STAFF PHYS. 44	SIGNED C
	Page 4 may FUNERAL Director, page 5 hould be file		22c. PHYSICIAN'S NAME (Type) \((CHARD N) PEECER \(22d. ADDRESS \)	
	Page O FUN direct Shoul	23a		nty) // (State)
	R	24	DURIAL 17-10-66 CEDAR BAUTT HUNAPOLIS	SIGNATURE .
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BETTER USINESS FORMS, INC. BALTIMO

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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de PHY	det be		MEDICAL	Haur a.m	19	While	Nat While at work	7 facto	E OF INJURY (Hame, fory, street, affice bldg., e	tc.)	(City or tawn)	(Caunty	
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OR ATTEN be retained	e 3 ed w			22a. SIGNATURE	Wa.	nea	ion	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE :	PRIL 1966
TO HOSPITAL OR Page 4 may be	VERAL DIII tor, poge Id be filed	1		22C PHYSICIAN'S NAME (Type)	ROALD A NE	CLSON, A	AJOR, MC) /	KIMBR		RMY HOSP		GM, MD
Page	director,			BURIAL, CREMATIO REMOVAL (Specify) Burial	May 3.		23c. NAME OF CE		am _	Reli	OCATION (City or To	own) (Cor	unty) (State)
V	R A15 (4)	4	24	G. Trumar	R Schwah 351	2 Frede	ADDRESS	Ralte	MAY MAY	C'D BY REGIST	66 700	EGISTRA'S SICT	all Regard

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the f Pages 1 urs after ANNE ARUNDEL

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLANO Anne Arundel c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) ove carbon papers. Page vevent, within 72 hours a Baltimore 33 years Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Hammonds Lane 7 Hammonds Lane NO Se executed within NAME DE Middle DATE Month Year Last DECEASED 1966 DEATH (Type or print) April 22 Konieczny 5. SEX AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Oays | Hours | Min. and con 6. COLOR OR RACE 8. OATE OF BIRTH 7. MARRIED NEVER MARRIED Female White WIOOWED DIVORCED Dec. 17. 10a. USUAL OCCUPATION (Give kind of work done) = 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician n please val, and in death certificate be during most of working life, even if retired) COUNTRY? Housewife
13. FATHER'S NAME U.S. Baltimore. Maryland attending phy ermit. Then p in or removal, MOTHER'S MAIDEN NAME Simon Drzymala

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) | (If yes give war or dates of service) Mary Anna --ed by the attend transit permit. cramation, or r 16. SOCIAL SECURITY NO. 17. INFORMANT Address Stephen J. Kenny, (same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND OEATH The law requires that the has been signed by the sast the burial-transit prior to burial, crama PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) mitastalic O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. Carcing **OUE TO** Conditions, If any, which gave rise to immediate DUE TO cause (a), stating underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY DIRECTOR: After this certificate has 3 should be detached for use led with the State Dept. of Health PERFORMED? YES T NO Y 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part | of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 1956 to 22 ayr 21. I certify that (I) (this hospital) attended the deceased from 19 6 6, and that death occurred at 2 P.M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. OATE SIGNEO ATTENOING DIRECTOR PHYS. FUNERAL D lirector, pag hould be file PHYSICIAN'S 22d. ADORESS TO FUNERAL director, p A. R. Sosnowski, M.D. NAME (Type) 4016 Ritchie Highway. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Buria St. Stanislaus Cemetery | Baltimore Maryland | Aboress | 25a Rec'o By REGISTRAR! 25b. REGISTRAR'S SIGNATURE Maryland 24. FUNERAL OIRECTOR George J. Gonce - 4001 Ritchie Hgwy. VR A15 (4) Baltimore, Maryland 20M 1/65

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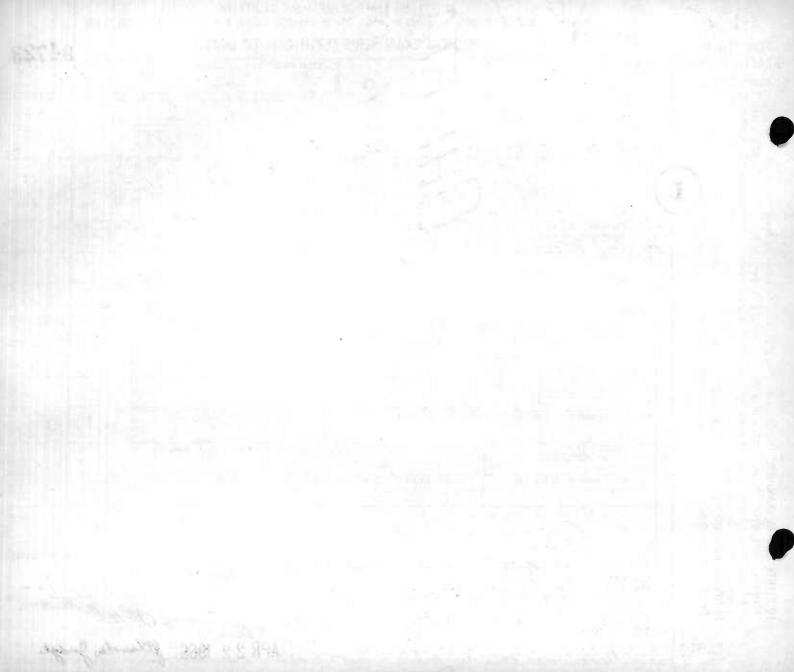
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 723 04729

1. PLACE OF	DEATH			2. USUAL RESIDE	NCE (Where dece	esed lived, If i	nstitution: Residen	ce before edmission)
e. COUNTY	Anne Arunde	1		e. STATE	. 7	b. COUN		
b. CITY OR T	OWN (if outside corporete lin		c. LENGTH OF STAY IN 1		aryland	an Harte mate	Anne A	
write RUI	(AL end give neerest town)	11113,	C. LENGTH OF STAT IN T	E. CITT OK TOWN	(if ourside corpore	ere ilmits, write	KUKAL end give i	neerest town)
Pasa					sadena	100	(22-1
	HOSPITAL OR INSTITUTION	(if not in hosp	pital, give street address)	d. STREET ADDRES	iS			e. IS RESIDENCE ON A FARM?
	Brookfield	Road			Brookfiel			YES NOX
3. NAME OF DECEASED			Middle	Last	4. DATE	Month	Dey	Year
(Type or prin		SPER	JACK	KNIGHT	DEATH	4	7	1966
S. SEX	6. COLOR OR RAC	E 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH			IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male	White	WIDOWEL		Dec. 4th 19	03 62	lest birthdey) yrs.	Months Deys	Hours Min.
done during mo	CUPATION (Give kind of wo st of working life, even if reti ac Electric P	red)	ND OF BUSINESS OR INDUS	Maryland	unty & Stete, or fo	reign country)	12. CITIZEN O	F WHAT COUNTRY?
13. FATHER'S N				14. MOTHER'S MAIDE	N NAME			
John R	• Knight			Bessie Mae	Gates			
15. WAS DECEA	SED EVER IN U.S. ARMED FO		SOCIAL SECURITY NO. 17	. INFORMANT		Address		U I I I I I I
(Tes, no, or unko	wn) (Ifyesgivewerordeteso	578	3-09-3663 N	irs. Helen Kn	ight San	ne as #	2. (Wi	fe)
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PART	. DEATH WAS CAUSED BY:	ACTED	CALFRITIE	HEMRT DIS	FACE			SET AND DEATH
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ceuse lest.			HROSELER					
NOILY PART II.	OTHER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CO	ONDITION GIVE		PERFORMED? YES NO
OR CONTRI	ENT WAS UNDERLYING DEUTING CAUSE OF DEATH	1	CRIBE HOW INJURY OCCUI	RED. (Enter neture of injury i	in Pert I or Pert II o	f item 18.)		
Z 20c. TIME C	OF INJURY Month, Dey, Y	eer 20d.	NJURY OCCURRED 20e. I	PLACE OF INJURY (Home, fe	orm, ; 20f. (City o	r town)	(County)	(Stete)
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	tify that (I) (this hos				A			hat (I) (we) last
saw the	deceased alive on	4-5	الماري ماري , and th	nat death occured at	M, from I	he causes	and on the da	ite stated above
22e. SIGN	ATURE O 0 0	. 1	0	ATTENDING .	MED.	STAFF		22b. DATE SIGNED
aith	un touriste	ud the	20 C	M.D. PHYS.	DIRECTOR	PHYS.		4-7-61
22c. PHYSIC	4 T D. Holding & C Com. D. D. D. S. S. S. S. S. S.	ORD, JR.	MD	22d. ADDRESS	Jain Ro	Par	adem a	Dead
				- And I San Constitution of the				7.0.
REMOVAL (REMATION, 23b. DATE TH April 1	1th 196	6 Cedar Hil	1 Cemetery		nnd, Ma		(Stete)
24 FUNERAL DI	RECTOR'S SIGNATURE		ADDRESS	25a P	EC'D BY REGISTE	25 25 W	ISTRAPL SICHAL	The.
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- 1 /	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATEM	04724 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY A. A. CO MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) a. STATE b. COUNTY A. A. COUNTY A. A. COUNTY A. COUNT
hin 24 hours ofter deoth. It any delay is neil in Item 18. Give Poges 1, 2, and 3 to niner's Office along with form PM3. Page pages I and 2 with the State Department of in any event within 72 haurs ofter death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Limits and give nearest town)
- 57 0 0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) D.O. A-Noelh-ARONDEL-Hosp. d. STREET ADDRESS 1510 Learner Ler. e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
24 hours ofter death. I in Item 18. Give Poges r's Office along with for es 1 ond 2 with the Stote iny event within 72 hours	3. NAME OF DECEASED OF PIRST Middle Last OF BIRTH P. AGE (In years IF UNDER 14 HRS 15 UNDER 14 HRS
hours offer Item 18. Giv Office along ond 2 with	S. DEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED 8. DATE OF BIRTH FUNDER 1 YEAR IF UNDER 24 HRS Slast birthday) Yrs. 100. USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT
n 24 ho Il in Iter ier's Off ges Ior any ev	during most of working life, even if retired) About few - Title - result 14. MOTHER'S NAME 14. MOTHER'S MAIDEN NAME
d within in pencil in Examiner Examiner File page	John Kohr Was and south of the strong
be executed in properties in the medical insitius permit.	(Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
ld be e ord "per Chief I -transit n, or re	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LEAST ONSET AND DEATH 4344 DUE TO
INER: This certificate should be executed within 24 hours ofter death. It as a certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, should be forwarded to the Chief Medical Examiner's Office along with form files. 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Del nt, prior to burial, cremation, or removal, and in any event within 72 haurs of	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause UE TO
s certifice, writin forwords used os buriol,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO} \) YES \(\text{NO} \) YES \(\text{NO} \)
AMINER: This the certificate, at should be four files. ge 3 should be to ogent, prior to	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH PRIMARY OF CONTRIBUTING OF DEATH PRIMARY OF DEATH PRIMARY OF CAUSE OF DEATH PRIMARY OF DEATH PRIMA
	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While at work of
DEPUTY intertal EXAMINER: seessory, please execute the certile funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should have its designated ogent, pring the state of the stat	21. I certify that I took charge at the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted fram: Natural causes, Accident, Suicide, Homicide, Undetermined monner
ple di	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 22. DATE SIGNED
	NAME (Type) E Listage of Address (Street, city, tawn, ar county) Address (Street, city, tawn, ar county) 23g. BURIAL (REMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY , 23d. LOCATION (City or Town) (County) (Stote)
P	REMOVAL (Specify) 4-21-66 Readownige Com. Celtudge Mol 24. FUNERAL DIRECTOR: ADDRESS 250. REC'D BY REGISTRAR 25H REGISTRAR'S SIGNATURE
VR A15ME (5)	Goldy Funeral Home 237 Patapico ave sur 10APR 22 1966 Charles Judge



AL	15		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1	# 2ª #		CERTIFICATE OF DEATH 1)4724
	after death. The funeral ges, and 2 after death.	1.	PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission
	the f	_	A. ARUNDEL MARYIAND a. SIMARYIAND B. COUNTY ARUNDEL
	27 10		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	24 hours filled in by appers. Pa	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE
	vithin 24 hc letely filled rbon papers, within 72 h	4	North arendel Hoof - Oakwood Rd . Glen Buthe ON A FARM?
	d within apletely carbon ept, with	3.	NAME DF DECEASED (Type or print) RICHARD R, LABRECQUE 4. DATE DF DEATH APRIL 18 1966
	death certificate be executed within the attending physician and completely permit. Then please fremove carbon plion, or removal, and it any everyt, within	5.	SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 14 HRS Isast birthday) Months Days Hours Min.
	e ere	10	a. USUAL OCCUPATION (GIVE kind of work done) 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
	physician physician on please oval, and in		self-Embloyed Gas Station Connecticut G.S.A.
	fficat g phy en p oval,	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	nding Th rem	1!	Joseph Labreque Gertride Laduc 5. WAS DECEASED EVER IN U.S. ARMED FORCES 1/1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address
	requires that the death certificate ding physician. been signed by the attending phy the burial-transit permit. Then ply it to burial, cremation, or removal,	(Y	es, no, or unkown) (If yes give war or dates of service)
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	requires that the ding physician. Deen signed by the burial-transit to burial, or to burial, creman		PART I. DEATH WAS CAUSED BY: acute myocardial infarction ONSET AND DEATH
	ysici ysici igne ial-trial,		4201 DUE TO
	uires g ph s ph s pur o bu		Conditions, If any, which gave rise to Immediate (b)
	ndin ndin s bec		cause (a), stating the DUE TO underlying cause last. (c)
	atte atte has se as sh pr	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
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	. OR ATTENDING PHYSICIAN: The law requires that ty be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by age 3 should be detached for use as the burial-traniled with the State Dept. of Health prior to burial, ore	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
	the the deta	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
	d by After I be Stat	ME	p.m. 19 at work at work
	DR ATTENDI be retained HRECTOR: A ie 3 should sed with the S		21. I certify that (I) (this hospital) attended the deceased from June 12, 1965, to Sept. 15, 1965, that (I) (we) last saw the deceased alive on Sept. 15 1965, and that death occurred at 9.304M, from the causes and on the date stated above
	RECT 3 SI with		22a. SENATURE 22b. DAYE SIGNED/
	ay be all billing and be all billing age 3 filled v	-	ATTENDING MED. STAFF 4/18/66 -
	TO HOSPITAL OR Page 4 may be to FUNERAL DIR director, page should be filed		22c. PHYSICIAN'S NAME (Type) Edmond Moustanseale. 22d. ADDRESS PHYSICIAN'S Plane Hary GlenBurnio Mo-
	TO HOSE 4 Page 4 TO FUNE directo	23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (23d. LOCATION (City, town or county) (State)
	D	24	UNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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			11121 1000 1 1000 1

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04726 FOR STAKE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Anne Arundel a. COUNTY o. STATE 2, and 3 to PM3. Page 0 death. Maryland Anne Arundel MARYLAND delay i Department b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) ofter Baltimore-rural Baltimore-rural d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Half-Way House e. IS RESIDENCE ON A FARM? 18. Give Poges 1, 2 along with form hours Earleigh Heights Rd. and Richie Hewy No Earleigh Heights Rd. and Richie Highway after deoth. 3. NAME OF Middle 4. DATE Month Last Year DECEASED STERLING Norris LEACH April 19 19 66 within (Type or print) DEATH IF UNDER 1 YEAR S SEX 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Hours Aug. 31, 1920 White Male WIDOWED DIVORCED event 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during mast af working life, even if retired) Restaurant COUNTRY? Fauquier Co., Va. ony 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within ⊆ Leach Bessie Furr pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Box 6 Address e, writing the word "pending" in farwarded to the Chief Medical (Yes, ng, grunknown) (If yes give war ar dates of service)
Yes World War II or removal, 223-40-2272 Mr. Luther E. Payne Warrenton, Va INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Multiple incised wounds of neck and arms IMMEDIATE CAUSE (o) This certificate should buriol, cremotion, DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause 0 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO T execute the certificate, 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, prior to 20a. EXTERNAL CAUSE WAS PRIMARY ☑ ORTRIBUTING ☐ 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. Cut throat and arms 20d. INJURY OCCURRED (City or town) 20c. TIME OF INJURY Manth, Doy, Year 20e. PLACE OF INJURY (Home, farm, (County) (State) factory, street, affice bldg., etc.)
tavern While at wark 4/19 19 66 Anne Arundel 10:55p.m Inspection X 21. I certify that I took charge of the remains described obove, held an Autapsy Inquiry , and in my opinion the funerol director. SDicide X Hamicide death resulted from: Natural couses Accident Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4/20/66 **OEPUTY MEDICAL EXAMINER EXAMINER'S** Rudiger Breitenecker, M.D. Address (Street, city, tawn, or county) NAME (Type) 23b. DATE THEREOF 23a. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 4/20/1966 Warrenton Cemeterv Warrenton, Va. 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR DATE APR 25 Michaeles VR A15ME (5) 6M 1/66

APR L. S. 1966 Wellings Value

1,	3	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AND
- i i	VEM.	04727 CERTIFICATE OF DEATH	1726
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te s		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town). c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town).	e nearest town)
hour in	Por Por	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e.	2-1
n 24 ho y filled	thin 72	North Arundel General 206 Southbridge Dr.	ON A FARM? ES NO K
rted within	event, with	NAME OF DECEASED (Type or print) OF First Middle Le Last 4. DATE Month Day OF DEATH Le Last Last	Year 19 66
executed within and completely	remove n any eve	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In years IFUNDER 1 YEAR last birthday) Months Days Yrs. 3 18	Hours Min.
	and in	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN (COUNTRY) Annapolis, Maryland U.S.	F WHAT
	2	FATHER'S NAME	
ath certif	remova	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address	1000
leath e atte	transit permit, cremation, or	No Charles F. Ledley, Jr. (same)	
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that ysicia gned	burial, cr	525X DUE TO PROUMONIXIS	
luire g ph	to build	Conditions, If any, which gave rise to Immediate (b)	
w requirending pending	as the	cause (a), stating the DUE TO underlying cause last. (c)	
The law requires that to or attending physician, cate has been signed b	Health p	PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTOPSY PERFORMED?
PHYSICIAN: the hospital this certifi	e Dept. of H	20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
5 5 5 5	State De	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While at work at w	(State)
OR ATTENDIN	3 0	21. I certify that (I) (this hospital) attended the deceased from 1-4, 1966 to 4-22, 1966 that	
DR ATT	d with the	saw the deceased alive on 4 - 19 66 and that death occurred at 2 M, from the causes and on the date 22a. SICNATURE 22b. DATE SIC	NED
=	be filed	22c. PHYSICIAN'S NAME (Type) PHYS. DIRECTOR PHYS. 1/22/	66
Page P	should be	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
5 5	NO ST	Burial 4-23-1966 Glen Haven Memorial Park Ritchie Hgwy. A.A.Co.	202
VR AI5	(A) (H)	FUNERAL DIRECTOR ADDRESS ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAR 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAR 25c. REC'D BY REGISTRAR 25c. REC	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral and 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE after by the Pages 1 Maryland Anne Arundel b. CITY OR TOWN (if outside corporate limits. MARYLAND afte c. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) papers. Pagi write RURAL and give nearest town) hours Glen Burnie Ferndale) 02 -0 ,= Glen Burnie filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? rbon pap #208 Hollins Ferry Rd. North Arundel Hospital YFS NO L completely to executed within NAME OF DATE Month 3. First Day Year Middle Last DECEASED event, DEATH (Type or print) April 19 66 Milliam nmi) ehnert 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 9. last birthday) | Months | physician and can pleate removed and in and in any e Davs Hours White WIDOWED J DIVORCED 22.1894 July 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. Baltimore, Md. Fnoineer(Ret) House Correction Stationary death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova been signed by the attending the burial-transit permit. Then or to burial, cremation, or remov Marie Lindeman Clements Lehnert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Same 25 (Yes, no, or unkown) (If yes give war or dates of service) 212-03-2477 Mrs. Myrtle E. Lehnert (wife) None No CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). 2days --PHYSICIAN: The law requires that the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate DUE TO r this certificate has been detached for use as the steep to the alth prior to cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY-PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES T NO T 20a, ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 20f. (City or town) (County) Ould be del the State L factory, street, office bldg., etc.) Hour a.m. While Not While be retained by at work at work director, page 3 should should be filed with the aresen 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that death occurred at M. from the causes and on the date stated, above. 22b. DAJE SIGNED 22a. SIGNATURE ATTENDING PHYS. 内 DIRECTOR Page 4 may I M.D. PHYSIZIAN'S 22d. ADDRESS 22c. NAME (Type) 529 Camp Meade Rd. Linthicum, Md. evmond intt BURIAL, CREMATION, 23d. LOCATION (City, town or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 2 Glen Boonie, Maryland 1966 Glen Haven Mem, Park Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Glen Burnie, Md. Richard V. Singleton VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) HRUNDEL ANNE a. CDUNTY MARYLAND BALTIMORE CROWNSVILLE MARYLANO b. CITY OR TOWN (if outside corporate limits. c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) oon papers. Pag within 72 hours 1 WEEK BALTIMORE = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE ON A FARM? 402 MARY AVE. CROWNSVILLE STATE HOSPITAL NO completely pou #31846 NAME OF First Middle i.ast DATE Year DECEASED LEPHARDT 30 car JOHN FREDERICK 1966 (Type or print) DEATH APRIL 6. CDLDR DR RACE | 7. MARRIEO SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS OATE OF BIRTH NEVER MARRIEO [ast birthday) Months | Oays Hours 3-20-1883 MALE WHITE WIOOWENKX OLVORCED 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INOUSTRY COUNTRY? U.S. NHGE death certificate ᆲ 13. FATHER'S NAME MOTHER'S MAJOEN NAME removal hen KATHERINE KEIBEIN CHRISTOPHER LEPHARDT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT transit permit. Address (Yes, no. or unkown) (If yes give war or dates of service) 21 5-03-1 298 RECORDS: CROWNSVILLE STATE HOSPITAL 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. CONGESTIVE HEART FAILURE WEEK IMMEDIATE CAUSE (a) signed been Signatures the burial, r **OUE TO** Cenditions, If any, which ARTERIOSCLEROTIC HEART DISEASE YEARS gave rise to immediate OUE TD cause (a), stating the underlying cause last. 38 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health PERFORMEO? certificate YES XX NO T CHRONIC BRAIN SYNDROME ASSOCIATED WITH CEREBRAL ARTERIOSCLEROSIS 2Da. ACCIDENT WAS UNDERLYING
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(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURREO, (Enter nature of Injury in Part I or Part II of Item 18.) hed . Dept. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) be de State factory, street, office bldg., etc.) Hour a.m. Not While at work at work retained P should ith the 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last DIRECTOR: age 3 should led with the _M, from the causes and on the date stated above. saw the deceased alive on and that death occurred & 22a. SIGNATURE OATE SIGNEO 22b. DIRECTOR M.O. PHYS. Page 4 may O HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS be director, should be NAME (Type) LROWNSVILLE STATE HOSFITAC EN BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Baltimore, Md. Green Mount Cremation 5-3-66 ADORESS FUNERAL OIRECTOR 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1/65

GHALLYHA T BAG IV JAM TAMEN INC. HOR TRACK AVE. JATIONS TYATO BUILDING TERRITAL MOTOR TO A MINE 1185/ 51110 WINESHEE SHIPPHEAD THE SERVICE AND A SERVICE PARTY. E JATI THE STATE SUITE ENGINEERING STATE MOUNTERING - STULFAR TELEVITER TYLTHRONO" --CARCALLO BRAFA SYROLDER ACCOUNTED ALOS OCACORAL ARTERIORISTS

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04730 filled in by the funeral n papers. Pages 1 and 2 ithin 72 hours after death. requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b write RURAL and give neorest town)
Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 53 Anne Arundel General Hospital 15 Monticello Ave. NO X NAME OF Middle physician and campletely ten please remove carban First 4. DATE Last Month Day Year DECEASED Irene MARTIN April Auava (Type ar print) Elizabeth DEATH 19 66 5. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED last birthday) Months Days Haurs Female White May 9. 1892 WIDOWED 1 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT IRTHPLACE (Caunty & State, ar fareign cauntry) during most of working life, even if retired) NDUSTRY COUNTRY? Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending phys remaya 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, na, or uhknawn) (If yes give war ar dates af service 6 18. CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a). stating the underlying cause the haspital ar attending has been the last. SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X this certificate YES far 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. While Not While factory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After at wark 21. I certify that (I) (this besold) attended the deceased from Mar. 17 , 19 66, to Apr. 17 , 19 66 that (I) (weeklast be retained sawe the deceased alive an Apr. 17 1966, and that death accurred at M, fram causes and an the date stated above. GNATIR 22b. DATE SIGNED XX DIRECTOR 22d. ADDRESS NAME (Type) Edward S. Beck. M.D. Franklin St., Annapolis, Md. directar, 70 shaul 23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Tawn) (County) (State) REMOVAL (Specify) FUNERAL DIRECTOR ADDRESS 256: "REC'D BY REGISTRAR Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) the 1 a. STAT Maryland b. COUNTY Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b I completely filled in by the corporation over carbon papers. Pages y event, within 72 hours at hours Glen Rurnie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 100 Eugenia Ave. North Arundel Hospital NO YES executed within NAME OF DATE Day 3. First Middle Last Month Year DECEASED April 29 66 McGee S. (Type or print) Norman DEATH 19 6. COLOR OR RACE | 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX DATE OF BIRTH 8. NEVER MARRIED Jast birthday) Months I Davs Hours I any White Jan. 1902 Male WIDOWED DIVORCED = 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY INDUSTRY INDUSTRY INDUSTRY pe COUNTRY? and Baltimore, Maryland Gas Foreman certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remova Alice Tudar (unknown)McGee 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the atten the burial-transit permit. In to burial, cremation, or death (Yes, no, or unkown) | (If yes give war or dates of service) - Same as D12-05-4332 Mrs. Frances E. McGee VES Reserve 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (C) certificate has CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health p PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part ! or Part !! of item 18.) ō detached MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While be retained by at work at work DIRECTOR: At age 3 should liled with the S 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 4:30 An, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page : ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR Page 4 may FUNERAL PHYSICIAN'S NAME (Type) 22d. 22c. director, p should be 1 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Glen Haven Memorial Pk. Glen Burnie, Maryland May 1966 Burial 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) Home/Glan Burnie. uneral 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04732 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after deoth the ottending physician and completely filled in by the funeral issit permit. Then please remays carbon papers. Pages 1 and is the permit within 72 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Gambrills 2 hrs. Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Anne Arundel General Hospital YES NO X NAME OF Middle First Last 4. DATE Month Year DECEASED McKNEW Charles Wilbur 19 66 April event, (Type or print) DEATH S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Hours Male White WIDOWED DIVORCED June 10, 1884 10o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Building Const Maryland Carpenter Woodbine

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME George McKnew Mary Boetler
17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor ar dates of service) 16. SOCIAL SECURITY NO. 220-07-8299 Mrs. Madelyn Downs - Gambrills, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH MYOCARDIAL INFARCTION IMMEDIATE CAUSE (o). DUE TO ARTERIOSCHEROTIC HEART Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use NO K YES -20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) at work 21. I certify that (I) (this chargite) attended the deceased fram April 6, 1966, ta April 6, 1966, that (I) (we) last saw the deceased alive an April 6 1966, and that death accurred at _____M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING 4/6/66 DIRECTOR M.D. director, page shauld be filed 22c. PHYSICIAN'S 22d. ADDRESS Logan Holtgrewe, M.D. 100 Cathedral St., Annapolis, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) 23a. BURIAL, CREMATION, (Stote) REMOVAL (Specify)
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VR A15 (4) 20 M 1/66	ohy	M. Jay 7	To four	Ch	napoli	md.	APR 4	1956	goliani	es Judge

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	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	LAND
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death funeral s 1 and I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o. STATE b. COUNTY Anne Arundel

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND Maryland Maryland Baltimore City
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Pages C. LENGTH OF STAY IN 16 24 days attending physician and campletely filled in by the permit. Then please, remave carban papers. Pagan, ar remaval, anf ig any event, within 72 hours 5mos. Baltimore Crownsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 283 Ballou Court Crownsville State Hospital YES NO WK 3. NAME OF 4. DATE Middle Lost Month Doy Year DECEASED (Type or print) 3-#26237 Elizabeth Michel 10 66 19 DEATH 9. AGE (In years S. SEX IF UNDER 1 YEAR LIF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdoy) Dovs Hours Female White Sept. 21, 1894 WIDOWED DIVORCED ID OF 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Michel Henrietta Weber WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give wor or dotes of service) crematian, ar 219-22-7279 Hospital Records 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH Arteriosclerotic Heart Disease IMMEDIATE CAUSE (o). DUE TO burial, Conditions, if ony, which gave rise to immediate couse (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? MEDICAL CERTIFICATION detached far use te Dept. of Health Diabetes YES 🗌 NO the hospital or 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) ot work shauld be 21. I certify that (I) (this haspital) attended the deceased fram 10/16, 19 65, ta 4/10, 19 66, and that death accurred at 3A. M, fram causes and an the date stated abave. 19 65 ta 4/10 1966, that (I) (we) last 22b. DATE SIGNED 4/11/66 22o. SIGNATURE ATTENDING X directar, page 3 shauld be filed v M.D. PHYS. DIRECTOR PHYS. ADDRESS 22c. PHYSICIAN'S Crownsville State Hospital Maryland Benedict, M. D. NAME (Type) 23b. DATE THEREOF A3c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (Stote) 4/13/66 Univ. of Maryland Baltimore, Maryland 25b. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR VR A15 (4) ReeseII-108 W. Wash. St., Annapolis, Md. 1966 Villarley DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04735 CERTIFICATE OF DEATH death. INAME OF DECEASED 2. DATE AND HOUR OF DEATH pup (Type or Print) JOSEPH JOHN MILCHENSKI 3. PLACE OF DEATH IN BALTIMORE MARYLAND by the Pages 1 24 hours after B. COUNTY NE ARUNDEL COUNTY
(If not in haspital or institution, give street ban papers. Pag within 72 hours ANNE ARUNDEL Md. address or location) HOSPITAL OR C. CITY OR TOWN (If autside city limits, write RURAL and give township) INSTITUTION filled in BALTIMORE D. STREET ADDRESS 4217 Third St. (If rural, give location) carban Baltimore, Md. completely 1217 Third St. event, S. SEX MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs executed WIDOWED, DIVORCED (specify) last birthday Months: Days Hours remove White Male married 58 Nov. 21. 1907 any 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of warking life, even if retired) WHAT COUNTRY? pe physician c and UnionBay Box Factory Retired certificate U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaval, Thomas Milchenski Sophie Rosiak 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS that the death permit. (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. No cremation, Elizabeth Milchenski 18. signed by the burial-transit p INTERVAL BETWEEN DISEASE OR CONDITION DIRECTLY physician. LEADING TO DEATH burial, (This does not mean the made of dying, e.g., heart failure, asthenia, etc. Il means the disease, injury ar camplication which caused death.) been as the priar tal attending ANTECEDENT CAUSES has DISEASES CONDITIONS, if any, giving etached far use Dept. af Health the above cause (A) this certificate h detached far use the haspital ar UNDERLYING CONDITION last. OF INJURY (Month) (Dayt (Year) 121 E. INJURY OCCURRED 21F. HOW DIO INJURY OCCUR OF INJURY While At Not While [(APPROX) Work At Work 22. I certify that (1) (this hespital) ottended the deceased_from FUNERAL DIRECTOR: After that (1) (we) last saw the deceased alive on 5 Uh þ and that in (my) (our) opinion death occurred on the dot 4 may be retained and hour and from the couses stated above. (1) (We)-(did) (did not) view the body after death. 23A. SIGNATURE 238, DATE SIGNED Attending X M.D. Med. Stoff directar, page 3 should be filed v April 20, 1966 Phys. Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 4016 Ritchie Hgwy., Baltimore, Md. Mario Reda 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 9 Apr. 23,66 Glen Haven Memorial Park Ritchie Hgwy., A.A.Co., Md. 25A, DATE REC'D BY WEALTH DEPT. 25C. FUNERAL DIRECTOR George J. Gonce - 4001 Ritchie Hgwy.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death after death. PLACE OF OFATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY b. CITY OR IDWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND Anne Arundel Pages c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) hours __ GLAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Pasadena d. STREET ADDRESS filled e. IS RESIDENCE ON A FARM? Box 176 Route 6 North Arundel Gen Hosp. NO X YES within letely carbon event, wit 3. NAME DE **First** Middle Last DATE Month 4. **OECEASED** 19 66 LLER (Type or print) DEATH executed 6. COLOR OR RACE DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS emove 7. MARRIED NEVER MARRIED last birthday) Months | Days WIODWED DIVDRCED White Male 10-28-20 10a. USUAL OCCUPATION (Cive kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT ician 11. BIRTHPLACE (County & State, or foreign country) ease during most of working life, even if retired) INDUSTRY CDUNTRY? USA Coast Guard Yard Maryland MOTHER'S MAIDEN NAME Marie Hess 15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT transit permit. (Yes, no, or unkown) (If yes give war or dates of service) death 213-18-1922 Elizabeth Miller. Same as line D. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN DISET, AND DEATH requires that the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive myocardial infarction hours signed burial-t burial, DUE TO Arteriosclerotic heart disease Conditions, If any, which peen gave rise to immediate the **OUE TO** cause (a), stating the underlying cause last. (c) as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate YES NO TO 2Da. ACCIOENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) of r this cert detached DR CONTRIBUTING CAUSE OF OF ATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While After ATTENDING at work at work ould the S 21. I certify that (I) (Mischuspitat) attended the deceased from August 27, 19 65 to present, 19, that (I) (we) last director, page 3 shoul should be filed with the saw the deceased alive on January 19 66 and that death occurred at 9:10M, from the causes and on the date stated above. 22a. SICNATURE 22b. DATE SICNED filed MED. DIRECTOR M.D. PHYS. TO HOSPITAL PHYSICIAN'S **ADDRESS** Earl Smallwood Rd Padadena NAME (Type) Maryland should BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATIDN (City, town or county) (State) Natl. Cemetery Burial 1-78-66 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR ALS McCullys, 130 E. Fort Ave. Balto. Dd 20M

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death filled in by the funeral papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH Anne Arundel b. COUNTY MARYLAND Marvland b. CITY OR TOWN (If autside carporate limits, write RURAL and give georest town) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b 39vrs. 3mos. d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? Crownsville State Hospital YES NO 06 3. NAME OF Middle Lost 4. DATE Month Year Day DECEASED (Type or print) #04724 Neal Jeanette 66 19 DEATH car IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED remane birthday) Months Days Hours - - 1895 dily WIDOWED DIVORCED Female Neoro and 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY ? SA during most of working life, even if retired) please INDUSTRY Unknown Unknown 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Unknown Unknown 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dotes af service a Hospital Records burial, cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-transit TONSET AND IDEATH PART I. DEATH WAS CAUSED BY: Cerebral Vascular Accident IMMEDIATE CAUSE (a) attending physician. DUF TO Arteriosclerotic Cardiovascular Disease Years Conditions, if ony, which gave rise ta immediate cause (a), DUE TO stoting the underlying cause has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? be detached far use State Dept. af Health Obesity NO X YES be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, affice blda., etc.) Not While Haur a.m. at work ot wark , 19 36, ta 4/5/ 1955, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. be filed with the 19 66, and that death accurred at 2:30 M, from causes and an the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a, SIGNATURE STAFF ATTENDING 4/7/66 M.D. PHYS. DIRECTOR PHYS 22d. 22c. PHYSICIAN'S Crownsville, Maryland Benedict, NAME (Type) director, should b 23d. LOCATION (City or Town) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (Caunty) (State) EMULTIL. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral phophs PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY a. STATE b. COUNTY by the and 2 death. Anne Arundel Md. AA MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and giva nearest town) .⊑ d. STREET ADDRESS Burnie Pages 1 hours after Annapolis within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) e. IS RESIDENCE ON A FARM? YES NO Crownsville Road 604 Stewart Ave. completely papers. 3. NAME OF Middla Year 72 DECEASED OF DEATH (Typa or print) within 19 66 Agnes Newin carbon 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and last birthday) Months Hours event White WIDOWED TO DIVORCED [10 Mar 1885 81vrs. Female WILLUG attending physician please remove 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if retired) any Housewife Own Home Ireland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME = pue John Mulcahy Margaret Doyle Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address removal, (Yas, no, or unkown) | (If yes give war or datas of servica) the Mr. Thomas Nevin. same as 2 No permit. the hospital or attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN certificate has been signed by ONSET AND DEATH ō PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, burial-fransit DUE TO Conditions, if any, which gave risa to immediata causa DUF TO burial, (a), stating the underlying cause last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 98 0 PERFORMED? use prior NO 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter natura of injury in Part I or Part II of itam 18.) 4 may be retained by the the construction of the construction of the state of the s for (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 2Da. PLACE OF INJURY (Homa, farm, 20f. (City or town) (State) factory, street, office bldg., etc.) Not Whila Hour a.m. at work at work p.m. .., 19, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from...19......, and that death occurred L.M. from the causes and on the date stated above. saw the deceased alive on....... 22a. SIGNATURE 22b. DATE ATTENDING MED. SIGNED death. Page 4 DIRECTOR M.D. PHYS. PHYS. rector, page HOSPITAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) Gerard Church. M. D. 121 Cathedral St., Annapolis, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) P q d Burial 16 April 66 Glen Haven Memorial Glen Burnie, Md. 25%, REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Kirkley Funeral Home, Glen Burnie, Md. 2DM 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04740 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death funeral 1 ond 2 ter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission o. COUNTY b. COUNTY o. STATE Maryland Anne Arundel Anne Arundel incletely filled in by the fur exercises. Pages 1 event, within 72 hours after MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Davidsonville, Maryland Annapolis 3 days IS RESIDENCE ON A FARM2 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS YES NO to Anne Arundel General Hospital NAME OF Middle 4. DATE OF Month Doy Year DECEASED OAKLEY-DEATH (Type ar print) Katherine Lou April B. DATE OF BIRTH AGE (In vears IF LINDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthday) Months Doys Hours White WIDOWED DIVORCED January 7, 1905 Female Yrs. 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind af wark dane during mout DONNER) (CITY OF THE RELIED TO THE PROPERTY OF THE P 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (Caunty & State, or fareign country) U.S. andi ottending physician permit. Then pleose Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremotion, or removol, James B. Kearns Lou B. Trammell 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give war ar dates af service Arthur W. Oakley same as #2 INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: burial-transit ONSEL AND DEATH IMMEDIATE CAUSE (a) signed by Foge 4 may be retained by the hospital or attending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transcript or the perior to burial, cre-DUE TO Conditions, if any, which gave rise ta immediate couse (o), DUE TO stating the underlying cause last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) MEDICAL CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (County) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Manth, Doy, Year Haur o.m. factory, street, office bldg., etc.) Nat While at wark ot work , 1954, to April 29, 1966, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from March 1966, and that death accurred at_ saw the deceased alive an April M, fram causes and an the date stated above. 22g SIGMATURE 22b. DATE SIGNED ATTENDING X M.D. DIRECTOR 22d. ADDRESS 22C PHYSICIAN'S NAME (Type) 1 Box 244, Mayo Rd. Edgewater, Md 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) (County) Colmar Manor, Md. May 3, 1963 Ft Lincoln Cemetery Buria 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Hyattsville, Md. 1966 VR A15 (4) 20 M 1/66 Gasch's Sons

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and deat 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Ann& Arundel o. STATE b. COUNTY Maryland Anne Arundel MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carporate limits, Fort George G Meade Gambrills e. IS RESIDENCE ON A FARM? physician and campletely filled in en please remove carban papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS hin 72 Kimbrough Army Hospital RFD YES NO X 3. NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED 1966 13 EDWARD JOSEPH O HARA APRTT. DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED TX: NEVER MARRIED last birthdoy) Months Dovs Hours Male Cauc Feb 14 1887 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY and Hazleton, Penna USA IIS Army Retired 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Peter O'Hara Mary (Maiden Name Unknown 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)
(If yes give wor or dotes of service)
WW1&2 17. INFORMANT 16. SOCIAL SECURITY NO. 262-78-7198 W.J. O'Hara(Son) Same As Item # INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
Carcinoma signed by the burial-transit p SONSET AND DEATH Carcinoma of Colon IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse the haspital ar attending as the O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While of work ot work , 19 66, ta 13 Apr , 19 66 that 10 (we) last 21. I certify that (this haspital) attended the deceased fram. 23 Nov 19 66, and that death accurred at 2.400 M, fram causes and an the date stated above. saw the deceased alive an 13 Apr 22b. DATE SIGNED 22o. SIGNATURE STAFF ATTENDING 13 Apr 66 W. Holiler M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) L. W. HOLDER. CAPT.MC HQ Kimbrough Army Hospital FT Meade. director, should be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION REMOVAL (Specify) Our Lady of the FieldsCath /16/66 Buria 256. REGISTRAR'S SIGNATURE BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 1966 20 M 1/66 FUNERAL HOME annano li

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04742 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death attending physician and campletely filled in by the funeral permit. Then please remave carteen PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY Anne Arundel Maryland Anne A_undel MARYLAND b. CITY OR TOWN (If autside corparate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) write RURAL and give negrest tawn) 5 days Riva Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? thin 72 524 Riva Road Anne Arundel General Hospital YES NO XX NAME OF First Middle Last 4. DATE Day Year DECEASED William OSTER April 11 19 66 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Days Hours Male White WIDOWED DIVORCED Dec. 7. 1892 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY ? Maintenance Hospital Cincinnati Ohio 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Oster Emma Rodenhouse IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, ar unknown) (If yes give wor ar dotes of service) 288-10-4914 Mrs. Arna A. Oster - same as #2 above no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS signed by DUE TO WARTERIOSCHEROSIS GENERALIZED Conditions, if ony, which gove rise to immediate cause (a). as the stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? O FUNERAL DIRECTOR: After this certificate has HOLE CYSTITIS & CHOLELITHIASIS Page 4 may be retained by the haspital ar NO XX 10 20o. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached State Dept. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) Not While factory, street, office bldg., etc.) 21. I certify that (I) (thicknessital) attended the deceased from APPLI 4, 1858, to Apr. 11, 1966, that (I) (may last saw the deceased alive an Apr. 11, 1966, and that death accurred at ______M, from couses and on the date stated above. saw the deceased alive an Apr. 11 22a. SUGNATUR 22b. DATE SIGNED ATTENDING director, page 3 should be filed v M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Edward S. Beck. M.D. Franklin St., Annapolis, 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) REMOVAL (Specify)
Burial 256. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Charles VR A15 (4) 20 M 1/66 FUNERAL HOVE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04743 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death and the attending physician and completely filled in by the funeral sit permit. Then pleasers move carban papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel Maryland Anne Arundel lease remove carban papers. Pages 1 and any event, within 72 haurs after MARYLAND b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within 72 Anne Arundel General Hospital 86 Pleasant St. NOXX 3. NAME OF First Middle 4. DATE Lost Manth Year Day DECEASED NMN PARKER Apr&1 Randolph 66 (Type or print) DEATH 19 9. AGE (In years lost birthdoy) S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Dovs Hours Male Negro WIDOWED DIVORCED Aug. Th. 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) COUNTRY? INDUSTRY Maryland General Housework

13. FATHER'S NAME **** 14. MOTHER'S MAIDEN NAME ar remaval, Kate Owens Ernest Parker IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Md 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) [(If yes give war ar dates af service) 214-05-2365 Mrs Kate Alsop 1962 West St Annapolis Yes burial, crematian, CAUSE OF DEATH (Enter only one cause per line for (o), (b) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been far use as the State Dept. af Health priar ta WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION NO X 20a. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (Stote) factory, street, affice bldg., etc.) Not While of work ot work pe , 19 66, ta Apr. 13 , 19 66 that (1) (vge) last 21. I certify that (1) (this charged) attended the deceased fram. director, page 3 should should be filed with the M, fram causes and on the date stated above. 19 66, and that death accurred at saw the deceased alive an-22g, SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D. ADDRESS 22c. PHYSICIAN'S GEN AGO NAME (Type) cHUNCH 121 Cathedral St., Annapolis, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL CREMATION, (County) REMOVAL (Specify)
Burial Md Brewer Hill Annapolis A.A. 4-16-1966 ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 C.E. Hicks. 111 Annapolis, Maryland 1966

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PE hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edmission) a. COUNTY by the and 2 death. a. STATE b. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, P c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL end give neerast town) 5 hours after d. STREET ADDRESS EVERN Glen Burnie Minutes
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) within filled e. IS RESIDENCE ON A FARM? papers. n 72 ho completely North Arundel Hospital YES NO New Cut Road NAME OF Middle Month Yeer DECEASED OF DEATH 2 (Typa or print) carbon with Byron NDER 24 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR and last birthday) Months event, Days Male WIDOWED [DIVORCED 25 June 1908 White physician гетоуе 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working life, avan if ratirad) Guard National Plastics les Baltimore, Mi. USA please .⊆ 13. FATHER'S NAME attending pue Willie E. Phelps Then Daisy Fairall requires that the removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or dates of service) permit. Isabelle C. Phelps, same as ined by the hospital or attending physician.

3. After this certificate has been signed by the detached for use as the burial-transit permit.

4. of Health prior to burial, cremation, or ret 1B. CAUSE OF DEATH [Enter only one cause per INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY avcerta IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NO V 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED I 20a, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stete) factory, street, office bldg., etc. Not While DIRECTOR: at work State Dept. at work 19 Pe 1950 to 4 21. I certify that (I) (this hospital) attended the deceased from....... 1964; that (I) (we) last pluods 19.66..., and that death occurred at 2...M, from the causes and on the date stated above. saw the deceased alive on...... OR may 22e. SIGNATURE 22b. DATE page 3 s ATTENDING MED. SIGNED HOSPITAL FUNERAL 50 PHYS. DIRECTOR PHYS. Page M.D. 22c. PHYSICIAN'S 22d. ADDRESS rector, NAME (Type) Charles Ball, Linthicum. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) P. g. B REMOVAL (Specify) Bethel Cemetery Odenton, AA Co. Purial 24 FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE YR A15 (4) Mirkley Funeral Home, Glen Burnie, Md. 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04745 O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate of executed within 24 hours ofter death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH o. STATE ANNE ARUNDEL COUNTY MARYLAND Prince George MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b FT . GEO . G . MEADE 5 days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) 5 days LAUREL e. IS RESIDENCE ON A FARM? d. STREET ADDRESS KIMBROUGH ARMY HOSPITAL 14 SHARON COURT NO DE YES SUSAN MARTE Lost 4. DATE Month Year 3. NAME OF Middle First DECEASED 12 19 66 APRIL PITOCCHELLI DEATH (Type or print) IF UNDER 24 HRS 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR 6. COLOR OR RACE B. DATE OF BIRTH S. SEX NEVER MARRIED 7. MARRIED Hours 7 APRIL 1966 DIVORCED ond in any FEMALE CAU WIDOWED 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY during most of working life, even if retired) ANNE ARUNDEL, MARYLAND USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removo ELAINE TERREAULT SABATINO PITOCCHELLI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 17. INFORMANT Address 16. SOCIAL SECURITY NO. FATHER, SAME AS ITEM # INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:

Momin Commercial signed by the burial-tronsit SONSET AND DEATH Memingomyelocoele IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been PERFORMED?
YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (4) (this haspital) attended the deceased fram 7 Apr , 1966, ta 12 Apr , 1966, that (1) (we) lass saw the deceased alive an 12 Apr 1966, and that death accurred at 310 Am, fram causes and an the date stated above 22b. DATE SIGNED 220. SIGNATURE ATTENDING MED.
DIRECTOR STAFF PHYS. 12 APRIL 1966 M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S BURTON A JOHNSON, CAPT, MC KIMBROUGH ARMY HOSPITAL, FT MEADE, MI NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23b. DATE THEREOF 23o. BURIAL, CREMATION, REMOVAL (Specify) 1966 INMACULATE CONCEPTION Cem., Lawrence, Mass.. April 13, 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Harold S. Wade, 550 Wash. Blvd., Laurel. Maryland DAPR

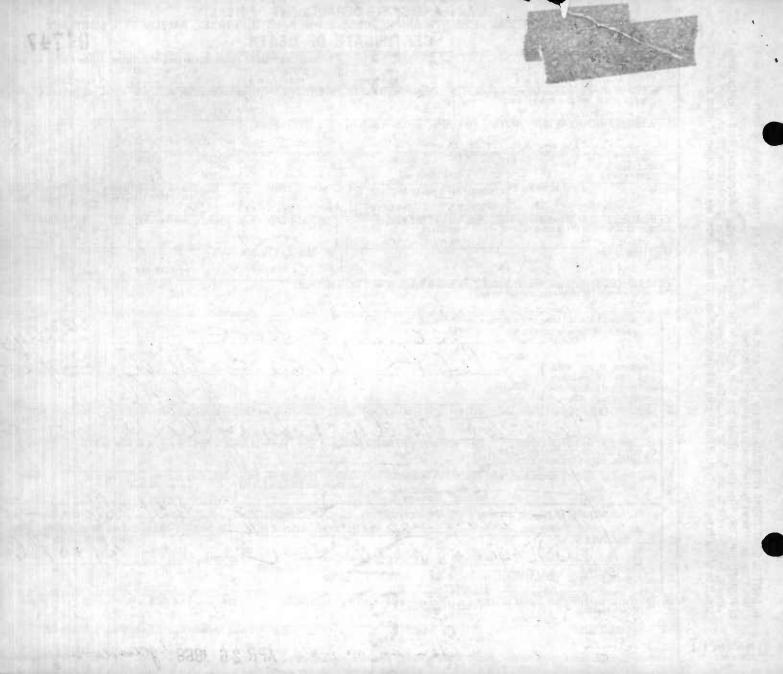
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04746 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours ofter deoth 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel Anne Arundel Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 2 days Davidsonville Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Box-44A Anne Arundel General Hospital YES NO pou 3. NAME OF Middle 4. DATE First Lost Month Doy Year DECEASED 19 66 Ida Bell POSTON April 22 Type or print DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED ove lost hirthdoy) Hours Female White July 17, 1886 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired)
Housewife COUNTRY? INDUSTRY, U.S. Washington, D.C. home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Delia Havwood William R. Thomas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Betty. Tucker. Bx 144 Davidsonville. no none INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse the TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 10 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office blda., etc.) of work 220. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Charles W. Kinzer, M.D. South RivMedCent., Edgewater, Md. director, 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 1-26-66 Ft. Lincoln Cemetery Prince George. 24. FUNERAL DIRECTOR Lee Funeral Home Washington, D.C.

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, 1 (100	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
208	04747 CERTIFICATE OF DEATH 04747
Pages 1 and 2 ars after death	PLACE DF DEATH a. COUNTY a. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE b. COUNTY Anne Arunde Maryland Maryland Anne Arunde
in 72 hours a	b. CITY OR TOWN (if outside corporate ilmits, write RURAL and give nearest town) Linthicum c. LENGTH OF STAY IN 1b Linthicum c. CITY OR TOWN (if outside corporate ilmits, write RURAL and give nearest town) Linthicum 02-/
00	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS To 200 S. Hammonds Ferry Road ON A FARM? YES \(\sum \) NO \(\sum \)
	NAME OF First Middle Last OF DECEASED (Type or print) Abil 24, 1966
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO 8. DATE OF BIRTH 9. AGE (In yours IFUNDER 14 FR IFUNDER 24 HR: last birthday) Months Oays Hours Min.
2	U.USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? U.S.A.
	FATHER'S NAME August Schmidt 14. MOTHER'S MAIDEN NAME Fines fine Gliewe
on, or remov	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) No Mone Mrs-Ada Down bush (nieca) Same As#2
the burlal cremation, or r	18. CAUSE DF DEATH [Enter only one cause per lint for (a), (b), and (c) a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO Conditions of the immediate (b) DUE TO Conditions of the immediate (c) DUE TO Condition
	cause (a), stating the DUE TO Co.
0	Choule Molannin of Cevel YES NO C
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Place of Injury
	Hour a.m. p.m. 19 While Not While Tactory, street, omice bidg., etc.) 21. I certify that (I) (this hospital) attended the deceased from 19 to
	saw the deceased alive on 1966, and that death occurred at 10 MM, from the causes and on the date stated above
1	22c. PHISIDIAN'S BALTIMORE NAT'L. PIKE & ST. JOHN'S LANE 22d. ADDRESS ASS COLOR DIRECTOR DIRECTOR PHYS. DIRECTOR DIRECT
	ELLICOTT CITY, MD. BURIAL, CREMATION, 23b. DATE THEREOFIE, 123c. MAMAGOF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) // (State)
0	But a April 27, 1966 I mmanuels Cemetery Baltimore, Maryland - FUNERAL DIRECTOR FUNERAL DIRECTOR ADDRESS 1 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
y	V-Dingleton, Singleton Functal Home DATEPR 26 1966 Mcharles Judge

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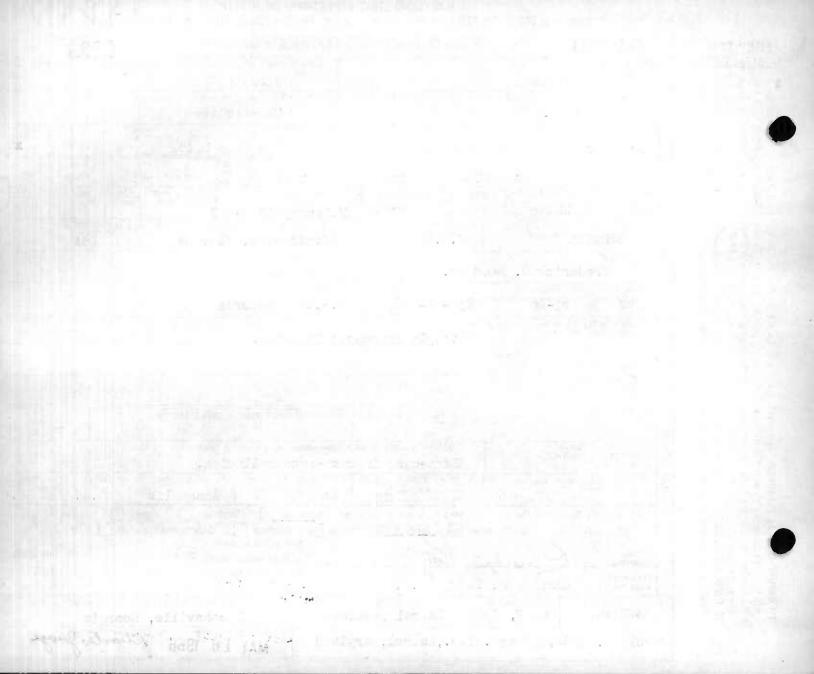
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04748 CERTIFICATE OF DEATH within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) filled in by the funeral papers. Pages 1 and PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Anne Arundel Anne Arundel Maryland MARYLAND and in any event, within 72 haurs after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Annapolis Annapolis IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS remove carbon papers. Anne Arungel General Hospital 532 Sixth St. YES NO X 3. NAME OF Lost DATE Year Doy DECEASED RAWLINGS 19 66 Sadie April (Type or print) DEATH be executed 9. AGE (In years lost birthdoy) IF UNDER 24 HRS. IF UNDER 1 YEAR 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Haurs Days WIDOWED TO DIVORCED White Female 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (County & Stote, or foreign country) ease INDUSTRY COUNTRY? Maryland USFWI attending physic permit. Then ple 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial crematian ar remayal. 16. SOCIAL SECURITY NO. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? requires that the death permit. (Yes, no, or unknown) (If yes give wor or dotes of service # INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION far use 3 shauld be detached far use with the State Dept. af Health NO K 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Fort I or Port If of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While ot work Apr. 30, 19 to that (1) (w) last 21. I certify that (1) (this hespital) attended the deceased fram 4 19 10 10 ta M, fram causes and an the date stated above. 19 66, and that death accurred at saw the deceased alive an Apr 10:40 AM 220 STGNATURE 22b. DATE SIGNED DIRECTOR PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Maurice Klawans, M.D. Southgate Ave., Annapolis, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (Stote) 23o. BURIAL CREMATION. (Caunty) REC'D BY REGISTRAR FUNERAL DIRECTOR

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1 1	Item 20b Film G377 6/ WARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECURDS, 301 W. PRESTON STREET, BALTIMURE I, MARTLAND
FOR STATE	04749 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04749
HEALTH DEPT	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission o. COUNTY 5. COUNTY 6. COUNTY 7. COUNTY 8. STATE 8. COUNTY
550 H.M	Annekrundel Maryland Anne Arundel
cessary funeral may be artment	b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
0 0	Crownsville MJ Od-
afte afte	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM?
Page State I State I	Box 364 Old Herald Harbor Rd. YES NO
ny de M3.	3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) Poulling Redding DEATH April 20 19 66
	5. SEX 6. COLOR OR RACE 7 MADDIED NUMBER SET 8. DATE OF BIRTH 9. AGE (In vers IF UNDER 1 YEAR IIF UNDER 24 HR
ges 1. Fram Fram Frank	last birthday) Months Days Hours Min
ive Page ive Page with Tand and 2 event w	1Da, USUAL OCCUPATION (Give kind of work done 1Db, KIND OF RUSINESS OR 111. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
- C7 mg	during most of working life, even if retired) INDUSTRY Omaha, Nebraska USA
ours aftu n 18. G e along pages 1 in any	never worked Omaha, Nebraska USA 13. FATHER'S NAME 14. MÖTHER'S MAIDEN NAME
hour ce pa	Michael N. Redding Mary M. Damico
24 ho n Iten Office File , and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes pive war or dates of service)
within pencil in miner's permit.	no none Michael N. Redding -Same as #2 above
rted withly in pencil	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:
d be executed "pending" in Medical Exar burial-transit cremation, or	PART I. DEATH WAS CAUSED BY: Bern 3rd blue
d be exect "pending" f Medical burial-tran cremation,	Conditions, If any, which
be exe 'pendin Medica vurial-tr	gave rise to immediate
2000.	underlying cause last. (c)
ate sho he Wor he Chi ed as burial	
55 55	YES NO
certification ded to the prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO 2Da. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING COURSE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Pert II of Item 18.) House Fire
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23 to 50 to	Hour (8.m) While Not While factory, street, office bidg., etc.)
Tode be be 1	
EXAM re cert should files. for: Pe esignat	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from
es de la company	CHIEF MEDICAL EXAMINER
your its	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
	EXAMINER'S FI LONAL DEPUTY MEDICAL EXAMINER 720 66
O DEPUTY M please exec director. Pa retained for O FUNERAL of Health of	NAME (Type) Address (Street, city, town, or county)
D DEPU please directo retaine retaine of Heal	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
2222	Burial Burial 1/22/66 Cedar Hill Cemetery 25a. REC'D BY REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR ALSME (5)	Described & Hopping
5M 1/65	HOPPING FUNDRAL HOAL - Annapolis, Md. Afen 23 1966 formation years

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 04750 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) delay is and 3 ta M3. Page o. COUNTY o. STATE b. COUNTY Anne Arundel Georgia after death. MARYLAND Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
Annapolis c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Thomasville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE form haurs ON A FARM? Anne Arundel General Hospital 405 Palm Drive in Item 18. Give Pages NO X after death. with the Sto 3. NAME OF First Middle 4. DATE Lost Month Doy Year DECEASED FREDERICK OTTO REED April 30 66 19 (Type or print) DEATH 9. AGE (In years lost birthdov) S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Months Hours Dovs Male White WIDOWED DIVORCED February 15, 1945 21 24 haurs event IDo. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of the present if retired) UNDUSTRARMY COUNTRY Monticello, Florida any d "pending" in pencil i Chief Medical Examin**e** pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within pag .= Frederick O. Reed Sr. unknown File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, na orunknown) (If yes give war or dotes of service) 259-66-7827 ar remaval. U.S.ARMY records 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Multiple Traumatic Injuries. IMMEDIATE CAUSE (a) certificate shauld writing the ward burial, crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION please execute the certificate. YES K NO designated agent, prior ta pe 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 3 should PRIMARY TO ONTRIBUTING Passenger in auto-auto collision. CAUSE OF DEATH 20d. INJURY OCCURRED 2Df. (City or town) 2Dc. TIME OF INJURY Month, Doy, Yeor 2De. PLACE OF INJURY (Home, form, (County) (Stote) foctory, street, office bldg., etc.) far yaur Not While Not While of work FUNERAL DIRECTOR: Page 4/30 19 66 Annapolis A.A. Md. ot work 21. I certify that I took charge of the remains described above, held an Autopsy [x], Inspection . Inquiry and in my opinion the funeral director. death resulted fram-Accident X Suicide . Undetermined manner Natural causes Hamicide be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER 224 SIGNATURE O DEPUTY Health or i 5/1/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Petty, M.D. NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 50 REMOVED SACIFY May 7, 1966 Laurel Cemetery Thomasville, Georgia 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Harold S. Wade, 550Wash.Blvd., Laurel, Maryland 2Sa. REC'D BY REGISTRAR VR A15ME (5) 1956



4 12	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	DVIAND
-	04751 CERTIFICATE OF DEATH	04750
urs after funeral 2 should	1. PLACE OF DEATH a. COUNTY ARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence as STATE December 1. COUNTY December 2. STATE December 2. COUNTY December 2. COUNTY December 3. STATE D	ence before edmission)
in by the s 1 and ter deat	C. CITY OR TOWN (if outside corporate limits, write RURAL and give representation) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give representation) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give representation) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give representation) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give representation) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give representation) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give representation) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give representation) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give representation) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give representation) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give representation) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give representation) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give representation) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give representation) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give representation) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give representation) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give representation) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give representation) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give representation) c. LENGTH OF STAY IN 1b c. CITY OR TO	02-1
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complete	3. NAME OF DECEASED (Type or print) -JOSEDH RIEDEL 4. DATE Month OF DEATH 4. DEATH 2.	4 1966
mend of carbo	5. SEX 6. COLOR-OR RACE 7. MARRIED NEVER MARRIED 3 B. DATE OF BIRTH WIDOWED DIVORCED 3 - 9 B. DATE OF BIRTH WIDOWED DIVORCED 3 - 9 B. DATE OF BIRTH 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BUREHPLACE (County & Stete, or foreign country) 12. CITIZEN	
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that the n. the att iit. The emoval,	(Yes, no, or unkown) (Iffyes give war or detes of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a). (b), end (c).)	INTÉRVAL BÉTWEEN
physicia physicia gned by sif perm ion, or n	DABY I DEATH WAS CALISED BY	S MINUTES
The law attending as been signal-tran	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) ARTERIOSCIEROTIC HERRET DISEMSE (c)	10 YES.
CIAN: pital or ificate h s as the r to bur	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
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NDING ined by t: After detacher of Hea	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) factory, street, office bldg., etc.)	(Stete)
ATTEL	21. I certify that (I) (this hospital) attended the deceased from July 1962 to J. 4 A.P.C., 1966 saw the deceased alive on J. A.P.C., 1966, and that death occurred al 7P. My from the causes and on the course of the causes and on the causes and on the causes.	date stated above.
AL Start the Start	220. SENATORE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. 22d. ADDRESS	4-26-16
OSPIT, h. Page UNER, ctor, pag	NAME (Type) FINA POLIS, 19D.	, (Stete)
Toda Girection	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Town of county) REMOVAL (Specify) 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	MD-
VR A15 (4)	JOHN M. THYLOR + SOUS Churcholes, Md. JAPR 27 1966 Johnster	Judge

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/_ 1			WANIEWIN SIVIE	DEPARTMENT OF HEALTH DS, 301 W. PRESTON STREET, BALTIMORE 1,	AA A DVI A ND
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urs after e funeral 2 should 1.		1.	COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution a. STATE b. COUNTY	Residence before edmission)
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mpletel papers n 72 h			NAME OF DECEASED Type or print) HARRY RIGHT RICHARD Middle RICHARD RICHARD Middle RICHARD RICHAR	Lest 4. DATE Month OF DEATH	12 1966
and co		5.	6. COLOR OR MACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 2-25-1882 9. AGE (In years If UNDER lest birthday) Months Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
ysician emove			USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	(RY 11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT COUNTRY?
leash ca ding ph please r		13.	FATHER'S NAME JILLIAM H. RULLHAU	14. MOTHER'S MADEN NAME MATILDIA E. GOODWIN	
attence Then F oval, at			WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	+2_
sician. I by the permit.			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART f. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) If your selfer.	Also Wenny Disease	INTERVAL BETWEEN ONSET AND DEATH
ng phy ng phy signe transit mation,			4200 DUE TO	1 C J Children	
The la attendinas been burial-		1	(a), stating the underlying cause last.		
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DING hed by After t letached of Heal		MEDICAL		ACE OF INJURY (Home, ferm, 20f. (City or town) (Coctory, street, office bldg., etc.)	ounty) (State)
CTOR.		4	21. I certify that (I) (this hospital) affended the deceased from	t death occurred at AM, from the causes and on	last (I) (we) last the date stated above.
A A Should the State			220. SIGNATURE Just S. Haro Sunas. The	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
HOSPITA sith. Page FUNERAI ector, page filed with	- 1		22c/ PHYSICIANS NAME (Type) Name (Type) Nichard I. Hochman, M. (22d. ADDRESS Annapole	s Jud
death. Proprietor, director, be filed	00	234	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERS REMOVAL (Specify) 4-15-66 CEDAR	OR CREMATORY 23d LOCATION (City, polyn or could be for the following of the could be seen to be see	nty) // (State)
VR A15		24	FONERAL DIRECTORS SIGNATURES ADDRESS ME M. Jistes Saus Cumapolis, M.	250. REC'D BY REGISTRAR 256. REGISTRAR'S	s signature by Judge
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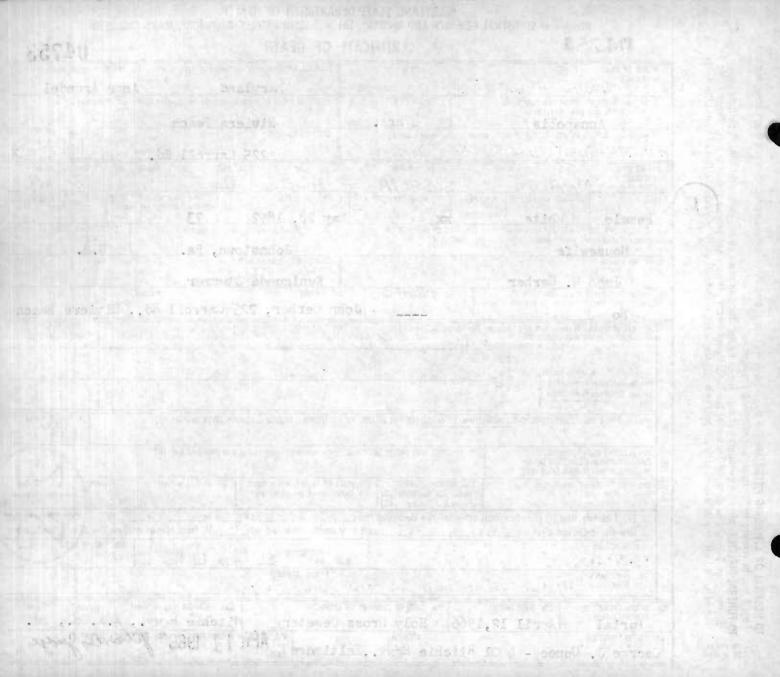
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04753 CERTIFICATE OF DEATH 114752 The law requires that the death certificate be executed within 24 haurs after death physician and campletely filled in by the funeral en please remove arban papers. Pages 1 and aval, and in any event, within 72 hours after deaf PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY Anne Arundel MARYLAND Prince George b. CITY OR TOWN (If autside carparate limits. c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b write RURAL ond give nearest town)
Millersville, Md. Bowie d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Knollwood Nursing Home 3019 Savov Lane YES NOT NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) Bessie Glover 19 66 Rvan DEATH Aprid S. SEX 6. COLOR OR RACE AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Days Hours white WIDOWED DIVORCED female Sept. 5.1879 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar fareign country) 12. CITIZEN OF WHAT during most af warking life, even if retired) INDUSTRY COUNTRY? Baltimore, Md. never worked IISA 13. FATHER'S NAME the attending phys remava John Glover Marion Thurshy 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknawn) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT D Mrs. Marion Maguire-daughter no none 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH signed by IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO te has been s use as the b alth priar ta b stating the underlying cause the hospital or attending last. this certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? Health YES 🗌 NO JD 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (City or town) 20e. PLACE OF INJURY (Home, farm, 20f. (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) While Nat While at work O FUNERAL DIRECTOR: After at wark 21. I certify that (1) (this haspital) ottended the deceased fram_ , 1965, ta . 19___, that (I) (we) last 3 shauld I with the S be retained 5 19 66 and that death accurred of sow the deceased olive on _M, from couses and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR PHYS. director, page should be filed 22c. PHYSICIAN'S 22d. ADDRESS Page 4 may NAME (Type) 23a. BURIAL, CREMATION, 23b/DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) Burial Woodlawn Cemetery REC'D BY 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Annabolis. HOPPING FUNERAL HOME -

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04754 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after deoth the attending physician and completely filled in by the funeral sit permit. Then please remaye carbon papers. Pages I and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE MARYLAND Maryland Anne Arundel b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 4 hr.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) h hrs. Ribiera Beach d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ANNE ARUNDEL YES NO 225 Carroll Rd. NAME OF 4. DATE First Month Day Year DECEASED MARIE SACEP ROSALIA 1966 (Type or print) DEATH even 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF 81RTH 7. MARRIED NEVER MARRIED lost birthdoy) Dovs Hours DIVORCED May 28, 1892 White Female 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT and in during most of working life, even if retired) INDIISTRY COUNTRY? Housewife Johnstown, Pa.

14. MOTHER'S MAIDEN NAME U.S. 13. FATHER'S NAME Kunigunda Stummer John W. Gerber 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT John Gerber, 225 Carroll Rd., Riviera Beach No INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit S CAUSED BY: IMMEDIATE CAUSE (0) MASSINE CEREBRAL HEMORLHAGE signed by DUE TO INTYPERTENSIVE ARTERIOSCHEROTIC HEART DISEASE Conditions, if ony, which gove UNKNOWN rise to immediate couse (a). DITE TO stoting the underlying couse Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been os the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? far use NO K 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) ot work ot work 3 shauld be 21. I certify that (I) (this hospital) attended the deceased from 1962, 19, ta 1966, 19, that (I) (we) last saw the deceased alive on 1961. S 1966, and that death occurred ay 1966, M, fram causes and on the date stated above. 19___, that (I) (we) last 22g. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S LANKFORD NAME (Type) A RT MOUNTAIN JR.MD director, 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) Ritchie Hgwy., A.A.Co., Md. Holy Cross Cemetery April 12,1966 24. FUNERAL DIRECTOR 250. APRY EGISTRATISES 256. ACCORDED STUDIES OF THE VR A15 (4) 20 M 1/66 George J. Gonce - 4001 Ritchie Hgwy., Baltimore DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY a. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Glen Burnie Hanover d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Box 20B, Valley Road YES NO North Arundel Hospital 3. NAME OF Middla 4. DATE Month DECEASED ANNA (Type or print) DOROTHY SATTORS 20 DEATH April 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Days March 10,1919 WIDOWED DIVORCED Female White 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ve Pages 1, 7 dona during most of working lifa, avan if ratired) Employers Group Assur. Savannah, Georgia U.S.A. Ins. Underwriter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pearl Franklin Willis Lee Scoggins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) 215-18-7168 Madison H. Sailors Valley Rd., Hanover, Md. 18. CAUSE OF DEATH [Enter only one cause per lina for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Gunshot Wound of Head. IMMEDIATE CAUSE (e) Office DUE TO Conditions, if eny, which gave risa to immadiate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? word NO pluods 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Part II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY XI or CONTRIBUTING [Home WEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) factory, street, office bldg., etc.) While Not While 19 66 at work st work Home Hanover A.A. Md. 21. I certify that I took charge of the remains described above, held an Autopsy | x Inspection Inquiry and in my opinion Suicide Homicide X Undetermined manner death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER X lease execute should be fo FUNERAL r its designate SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY 4/21/66 EXAMINER'S Charles S. Petty, M.D. NAME (Typa) Address (Streat, city, town, or county) 228, BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Burial Apr. 23, 1966 Lorraine Mausoleum Woodlawn Balto.Co. Maryland <u>040</u> 24a, REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. A15ME 1217 St. Paul Street Wm. Cook-Brooks, Inc. 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

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funeral ond er deg			Anne Arundel	MARYLAND	o. STATE Maryland	b. COUNTY	ne Arundel
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ours after by the fa Pages nours afte			write RURAL and give nearest town) Annapolis		Rura 1 - Ani	nanolis	09 1
in bers.			. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street address)	d. STREET ADDRESS	Taporra	e. IS RESIDENCE
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ing ing		15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 77. I	NFORMANT /	· Address)	7/1
ne deoth certific attending phys permit. Then p		(16	s, no, or unknown) (If yes give wor or dotes of service)	Mr	s. Juseph Wi	egnian Moun	Tuisw a
t the a			18. CAUSE OF DEATH (Enter only one cause per line for	(a), (b), and (c).)	1 d 1	//	INTERVAL BETWEEN ONSET AND DEATH
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AN: The sal or of it cote he far use Health	0	IFIC		SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or	Port II of item 1B.)	
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the det		MED	Hour o.m. While at worl		ory, street, office bldg., etc.)		
Star Star			21. I certify that (I) (this haspital) atten		. 19	. ta 19	, that (I) (we) I
R: A			saw the deceased alive or	19 (C , and tha	t death occurred at 1:30	M, fram causes and an	the date stated aba
She CT She with			22d SIGNATURE	600	ATTENDING MED.	STAFF 22b. C	DATE SIGNED
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rAL O	- 1		V22c. PHYSICIAN'S NAME (Type)	1. 1. 11. M. D	22d. ADDRESS	1 C+ A	alta Mal
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O HOSPI Page 4 n O FUNER director,		230	BURIAL, CREMATION, 23b. DATE THEREO	234 NAME OF CEMETERY QR) / // /	LOCATION (City or Town)	(County) (State)
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	APR 1 185			

1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
	- VIVI	04757 CERTIFICATE OF DEATH 0475	56
hours after death	and 2 death.	1. PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before ad a. STATE b. COUNTY	lmission)
after	by the Rages 1 urs after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest write RURAL and give nearest town) MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest write RURAL and give nearest town)	it town)
ours	in by Rag hours	149 Frentend Beach Smith Ballimore 16, 04.	
24 h	stely filled in by the in papers. Pages 1 Within 72 hours after	d. NAME OF HOSPITAL OR INSTITUTION afford mondapital, give street address) d. STREET ADDRESS ON A F. VIN Greenland Beach Road YES T	FARM?
	te de la constant de	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Yea	ar /
executed within	e e comp	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER	
execu	a sud	Marke Miles WIDOWED DIVORCED July 2, 1888 Just birthday) Months Days Hours 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT	Min.
	physician n please r val, and in	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? COUNTRY?	
requires that the death certificate be	g physen ploon oval,	13 FATHER'S NAME PLANE SALVEY 14. MOTHER'S MAIDEN NAME S'ORIO Elleason	30
cert	attending pl ermit. Then on, or remova	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) ((If yes pire war or dates of service)	
death	e attel permit ion, or	yes WWI Miss. Mary Way Show	TWEEN
t the	n signed by the at burial-transit pern burial, cremation,	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcenonia of the firestafe gland of the firestafe gland	DEATH
s thai	igned rial-tr rial, c	1992 DUE TO	
The law requires that to or attending physician.	een s he bu to bu	Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO	
aw re	has b as t prior	underlying cause last. (c)	JTOPSY
	ificate has beer for use as the Health prior to	PERFOR YES	NO X
PHYSICIAN: the hospital	this certificate has been letached for use as the b Dept, of Health prior to b	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFOR YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
-	er this certified detached fate Dept. of 1		State)
ATTENDING retained by	OR: After hould be o	21. I certify that (I) (this hospital) attended the deceased from Movember 301963, to 1963, to 1964, that (I) (I)	
OR ATTENDI	ECTOR 3 sho with t	saw the deceased alive on 25 1956, and that death occurred at 8 M, from the causes and on the date stated 22a. SIGNATURE 22b. DATE SIGNED	d above
ITAL OR may be	L DIR	22a. SIGNATURE ATTENDING MED. STAFF 22b. BATE STAFF 22c. PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS	6
TO HOSPITAL Page 4 may	TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	NAME (Type) R. M. Mc Laugh lin 3708 Mometen Red. Varadens,	
TO HC Page	dire shou	REMOVAL (Specify)	tate)
		24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
	15 (4) 4-64	George J. Gonce - 4001 Ritchie Hgwy., Baltimore APR 11 1966 floorles Judge	

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON, STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04758 filled in by the funeral papers. Pages 1 and 2 thin 72 haurs after death PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY Arundel o. STATE b. COUNTY Baltimore City MARYLAND b. CITY OR TDWN (If autside carparate limits, write RURAL and give nearest town)

LTOWNSVILLE c. LENGTH DF STAY IN 1b c. CITY DR TOWN (If autside carparate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Crownsville State Hospital within YES NO poletely f 3. NAME OF First Middle Lost 4. DATE Manth Day Year DECEASED (Type or print) 3-#01624 OF Scales 1966 Thomas DEATH 9. AGE (In years S. SEX 6. CDLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED remove birthday) Manths Days Hours 10/6/1895(approx. In any Male Negro WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT **INDUSTRY** COUNTRY? and Farm Hand 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, signed by the attending phy burial-transit permit. Then WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give wor or dates of service) Hospital Records burial, crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN Hypertensive Cardio-Vascular Disease ONSET AND DEATH IMMEDIATE CAUSE (a) DUF TO Conditions, if ony, which gave rise ta immediate couse (a), DUE TO stating the underlying cause as the O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION YES NO be retained by the hospital ar for 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Hame, farm, (City ar tawn) (County) (State) factory, street, affice bldg., etc.) While at work 4/14 . 19 22 to 4/11 1966, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 4/11 19 66 and that death accurred a8: 30PM, from causes and on the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. X DIRECTOR 4/14/66 M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS L. Beredict. M. NAME (Type) Crownsville State Hospital, Maryland director, shauld 23a. BURIAL, CREMATION, 23b. DATE THEREOF 234 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (Stote) REMOVAL (Specify)
Removal Maryland Univ. of Maryland 4/15/66 Baltimore 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR St.Annapolis, Md. 108 W. Wash. vollance Jus DATAPR 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04759 FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o. STATE b. COUNTY delay is and 3 ta M3. Page af death. MARYLAND TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) P.M.3. write RURAL and give negrest town) d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospitol, give street oddress) haurs Office alang with farm ON A FARM? Supers- Note - Kond roplh. HRenneL State | NO be executed within 24 haurs after death. 3. NAME OF Middle Doy Year within 72 DECEASED 196 DEATH (Type or print) S SEX 6. COLOR OR RACE NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost_birthdoy) Months Hours 8-10-16 WIDOWED DIVORCED event 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Baltimore, Maryland Bricklayer
13. FATHER'S NAME pencil in Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME Florence pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. JOCIAL SECURITY NO 17. INFORMANT Address removal 217-05-9082 Mrs. Florence V. Sc 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).) PART I. DEATH WAS CAUSED BY: ar certificate shauld crematian, DUE TO farwarded ta the Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse lost. burial, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO agent, priar ta 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CAUSE OF DEATH. 2De. PLACE OF INJURY (Home, form, 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldq., etc.) Not While FUNERAL DIRECTOR: Page 19 at work at work its designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinion for death resulted from Accident . Suicide [the funeral directar. Natural causes Homicide | Undetermined manner be retained CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23o. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 0 REMOVAL (Specify) Glen Haven Mem. Park Abril 27,1966 Glen Burnie 1 A.A.Co' 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Munice

#dT-511

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH hours after death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Anne Arundel Maryland MARYI AND Anne Arundel b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve carbon papers. Pages event, within 72 hours af c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) filled in Annapolis, Md. Davidsonville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital NO X YES executed within completely 3. NAME OF First Month Middle Last DATE Year DECEASED (Type or print) Veta Inella DEATH 19 Sears 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX OATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS remove last birthday) | Months | Oays Hours in any WIDDWED [OIVORCED | Oct. 13, 1922 female white 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? and hou sewi fe own home Durango. Col USA certificate removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Nelson Ella Walker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the atten the burial-transit permit. or to burial, cremation, or it (Yes, no, or unkown) (If yes give war or dates of service) OR ATTENDING PHYSICIAN: The law requires that the death be retained by the hospital or attending physician. 523-18-8246 Robert C. Sears same as #2 no INTERVAL BETWEEN ONSET AND OEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). gen, carcinomatosis OUE TO Conditions, if any, which Carcinoma of breast (b) 3 mos gave rise to immediate DUF TO this certificate has bee detached for use as the e Dept. of Health prior to cause (a), stating the underlying cause last. (C) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? NO XX YES [20a. ACCIOENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d, INJURY OCCURREO 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. odirector, page 3 should be calculated should be filed with the State Not While ATTENDING at work at work Aug. 19 46, to Apr. 11, 19 66, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from_ saw the deceased alive on Aar. 11 19 66, and that death occurred at 1 p M, from the causes and on the date stated above. 22b. OATE SIGNEO 22a. SIGNATURE ATTENOING PHYS. MEO. OIRECTOR 4/12/66 Page 4 may b M.O. ADDRESS PHYSICIAN'S 22d. NAME (Type) Amos Garrett Blvd., Annapolis, Md. Borssuck, M.D. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME DF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial Davidsonville FUNERAL DIRECTOR AOORESS VR A15 (4) FUNE Annapolis. 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04761 requires that the death certificate be executed within 24 hours after death the funeral ages 1 and rs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH filled in by ... Pages 1 ... 72 hours after d o. COUNTY o. STATE b. COUNTY Anne Arundel MARYLAND Maryland Anne Arundel b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)

Annapolis c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely filled Anne Arundel General Hospital 191 Clay St. YES NO XX pou NAME OF 4. DATE Year Day 3 DECEASED 19 66 April ST MMS car event, Cora Winfred DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED remove last birthdoy) Months Doys Hours July 7, 1897 Female ond in any Negro ond 10o. USUAL OCCUPATION (Give kind of work done. 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, ar fareign country) COUNTRY? during most of working life, even if retired) INDUSTRY ottending physician permit. Then please U.S. Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the ottending physi buriol-tronsit permit. Then pl buriol, cremotian, or removol, 17. INFORMAN WAS DEGEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yet give war or dates of service 18. CAUSE OF DEATH (Enter only one cause per line for (o)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse the hos been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Dept. of Health NO TX by the hospital or O FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, (City or town) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (County) Haur o.m. factory, street, office bldg., etc.) Not While of work 21. I certify that (1) (state baseline) attended the deceased from 19____, that (1) (36280) last M, from causes and on the date stoted obove. saw the deceased alive on, and that death occurred at 22o. SIGNATURE 22b. DATE SIGNED director, poge 3 should be filed v M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) T. Allen, M.D. 62 Cathedral St., Annapolis, Md. 23c. MAME OF CEMETERY OR CREMATORY (State) REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR

03720 2 e l'innamor Les lives no obel e- • Perci I The state of the state of 0.1. I tmilly say A TOP AN EST PASS THE REST THROUGH THE STATE OF THE PARTY OF THE PARTY. . Mr. dilloganak . Ju ly meddal by y . . . Service A. d. A. A. M. D. P. A STATE OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

OLKIII IOAII	L OI DEATH
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Manual and b. COUNTY Annual Amused all
Anne Arundel MARYLAND	marytand Aime Arundet
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Annapolis Life	Annapolis 02=/
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 9. IS RESIDENCE ON A FARM?
28 W. Washington Street	28 W. Washington Street YES NAME
3. NAME OF First Middle DECEASED (Type or print) FRANK ALEXANDER SIMPO	SON DEATH April 19 19 66
	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Dec. 22-1875 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) Chef - retired ************************************	Annapolis, Md. COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unknown) (If yes nive war or dates of service)	nie S. Henry-28 W. Washington-Anna. Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1 LOU A COLLEGE ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Cooking Vas	was account a day
33/Y DUE TO	
Conditions, if any, which) (b)	
gave rise to Immediate (cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ICA1	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA 202. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While factor	ry, street, office bldg., etc.)
	4 (966
21. I certify that (I) (this hospital) attended the deceased from	19, to, 19, that (I) (we) last
saw the deceased alive on 19 19 and that	M, from the causes and on the date stated above.
22a. SIGNATURE M.D	ATTENDING MED. STAFF 22b DATE SIGNED PHYS.
22c. PHYSICIAN'S NAME (Type) A.T.Allen	22d. ADDRESS Cathedral St. Annapolis, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Burial (Specify) Apr. 22-66 Brewer Hill	Annapolis, Md.
24. FUNERAL DIRECTOR ADDRESS C.E.Hicks 111 Annapolis, Md.	DATE PR 2 5 1968 Clearles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

04762

o. COUNTY Anne Arundel	MARYLAND	o. STATE Marvland b. COUNTY	Anne Arundel
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RU	RAL and give nearest tawn)
RURAL ond give neorest town) Glen Burnie	18 years	Glen Burnie	12-1
d. NAME OF HOSPITAL (tf nat in haspital, give street		d. STREET ADDRESS	e. IS RESIDENCE
OR INSTITUTION		600 S. Crain Highway	ON A FARM? YES NO T
3. NAME OF First	No. Let		
3. NAME OF DECEASED (Type or print)	DORA &	Last A. DATE OF DEATH AJOKE	1 8 1966
S. SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years last birthdox)	F UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Hours Min.
Female White WIDOW	ED T DIVORCED	May 21, 1892 73 yrs.	Manths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during mast of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore, Maryland	U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Clement Lehnert		Maria Lindeman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT Addre	ss
(Yes, no, or unknown) (If yes, give war or dates of service)	Go	rdon Snyder, 819 Lynvue Rd.,	Tinthiaum Md
18. CAUSE OF DEATH [Enter only one cause per li		rdon bhyder, ory bynyde ha.,	INTERVAL BETWEEN
		AL INFARCTION	ONSEL AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	10 20.001	1 1 INFACTION	SMIN
4201 DUE TO 1	h-nor salva	Tie CardiovASCULAR	Vicera Stone
Conditions, if any, which (b) HVC	DIEMOSCIECI	THE CUICOTOVISCULAR E	mouse orgics
couse (a), stating the under-			
lying couse last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS	100 (NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
5	005, 74		YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW MURY OCCURRE	D. (Enter noture of injury in Port 1 or Part II of item 1B.)	
3 20c. TIME OF INJURY Month, Doy, Year 20d. I		ACE OF INJURY (Hame, farm, 20f. (City or tawn)	(County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. 19 While of wor	I AOI MITTE	ctary, street, affice bldg., etc.)	
21. I certify that (I) (this haspital) attend	ded the deceased from	19ta	_, 1966, that (1) (we) last
saw the deceased alive an 412	1966, and that a	leath accurred at QPM, from the causes and	on the date stated above.
22a. SIGNATURE	200	ATTENDING MED STAFF	22b.DATE SIGNED
of the such	an	M.D. PHYS. DIRECTOR PHYS.	
22c. PHYSICIAN'S R. W. PRIC	CHARD	22d. ADDRESS Con Burni	e, om d
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY 23d. LOCATION (City, town, or	county) (Stote)
Burial April 12.1966	Loudon Park	Cemetery Baltimore, Ma	ryland
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		TRAR'S SIGNATURE
	tchie Highway	APR 1 1 1966 FCC	iarles Judge

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmissjen) a. COUNTY b. COUNTY NNE MARYLAND b. CITY OR TOWN (if outside corporate fimits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) Mo. BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 2015 ST. PAUL YES NO NURSTNG 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH 1966 LOLLER APRIL IZABETH 6. COLOR OR RACE 7. MARRIED NEVER MARRED DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. ast birthday) Days Months Hours WIDOWED DE DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired HOME BALTIMORE,

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME MCLANE 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yas give war or dates of service NOTAN 2015 18. CAUSE OF DEATH [Enter only one cause per line for (a). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gava rise to Immadiate causa DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from the saw the deceased alive on. 22b. DATE 22a. SIGNATURE ATTENDING MED. SIGNED PHYS. DIRECTOR M.D. 22c. PHYSICIAN 22d. ADDRES! NAME (Type) 23d. LOCATION (City, town op-county) 23a. BURIAL, CREMATION. OR CREMATORY (State) REMOVAL (Specify) 0 WOODLAWN 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4)

RYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution, Residence before edmission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) NIVAPOLIS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO L 3. NAME OF 4. DATE Month Dey DECEASED OF DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR | 5. SEX IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last bigthday) Months Deys Hours WIDOWED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retirad) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) | (If yes give wer or detes of servica 18. CAUSE OF DEATH [Enter only one cause per-line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEAT PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immadiata cause DUE TO (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 2 DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINED (State) 20d. THIURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, \$ 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yaar factory, street, office/bldg., atc.) While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from Dle saw the deceased alive on...L 22b. DATE 22e. SIGNATUR SIGNED ATTENDING DIRECTOR PHYS. death. Page 4 O FUNERAL ADDRESS 22d. 22c. PHYSICIAN'S NAME³ (Typa) director, p LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, | 23b. 23d. (Specify) . REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7-62

OF STATISTICAL RESEARCH AND RECORDS.

DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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e adM	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANI 04766 CERTIFICATE OF DEATH	o i.i.
d ar fur	1. PLACE OF DEATH a. COUNTY Anne Arundel MARYLAND 2. USUAL RESIDENCE (Where degeased lived, If institution: Residence before e. STATE laryland b. COUNTY Lucen Ann	
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completely filled we carbon papers. event within 72 h	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS F ON YES 2	A FARM?
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	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In years If UNDER 1 YEAR IF UNDE	urs Min.
1	10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) 11b. KIND OF BUSINESS OR line life, even if retired) 11c. BIRTHPLACE (County & State, or foreign country) 11c. CITIZEN OF WI	HAT
	13. FATHER'S NAME Peter Foster Hignutt 14. MOTHER'S MAIDEN NAME Martha Jane Neal	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Anna Taylor, Centreville, Maryland	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 119. WAS	BETWEEN ND DEATH
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2	saw the deceased alive on 19 and that death occurred at 30LM, from the causes and on the date star 22a. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED W.D. PHYS. 22c. PHYSICIAN'S NAME (Type) PAY M. 5 M † H M.D. 22d. ADDRESS SIGNATURE PHYS. 22d.	7-66
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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be retained DIRECTOR: A ge 3 shauld	<u> </u>		22a. SIGNATURE	3. 7. 3gr	con	amos	, M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	Apr	il 2	8, 19	
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ers = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE DN A FARM bon pap within ND P etely death certificate be executed within NAME OF Middle DATE 4. Last Month Day Year DECEASED OF DEATH (Type or print) 5. SEX 9 6. CDLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | Iast birthday) | Months | Days IFUNDER 24 HRS MARRIEO T NEVER MARRIED Hours WIDOWED DIVORCED [10/17/1912 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even If retired) sicia eas and OUEVNMPU physi n plea Ohio USA FATHER'S NAME MOTHER'S MAIDEN NAME attending ph ermit. Then remova John Teufel Elizabeth Shuey 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 33 Waterview Dr. been signed by the attenthe burial-transit permit. (Yes, no, or, unkown) | (If yes give war or dates of service) Archie-Davis, Arden on the Severn Crownsville none CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH The law requires that the PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that to Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) , 2 - einom Conditions, If any, which gave rise to immediate DUE TD cause (a), stating prior underlying cause last. (c) as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health certificate CERTIFICATI PERFORMED? YES ND F 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) TO FUNERAL DIRECTOR: After this certi director, page 3 should be detached should be filed with the State Dept. of DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) WEDICAL TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While at work Not While at work p.m. 19 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that death occurred at M, from the causes and on the date stated above. 22a. SIGNATUR 22b STAFF DIRECTOR PHYS 22c. PHYSTCIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23c. 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial 1966 OurLady of Fields REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15 (4) Annapolis, Md. 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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	ral,	La	111	HNNE HRUNDEL MARYLAND WARYLAND WORE ARUNDE
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	the the	use to t	0	YES NO
	EXAMINER: This certificate should be executed within 24 hours after death. If the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 4 should be forwarded to the Chief Medical Examiner's Office along with form	3 should be agent, prior		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.
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	NER: ficate	g 23		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (State) While Not While at work 19 et work
	uld b	s. Pag		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion
1	sho sho	TOR design		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
	MEDI. ecute Page 4	you its	-	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
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	DEPUTY please ex director.	UNE		NAME (Type) Address (Street, city, town, or county) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04769 CERTIFICATE OF DEATH 04770 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY o. COUNTY ANNE ARUNDEL ANNE ARUNDET. MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town)
GEORGE G MEADE FT GEORGE G MEADE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? KIMBROUGH ARMY HOSPITAL 7011A BAKER STREET NO K NAME OF First Middle 4. DATE Lost Month Year Doy DECEASED 19 66 ROBERT WILBURNEY TODD APRIL 22 DEATH (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthdoy) Months Dovs Hours MALE CAUC DEC 6, 1930 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY ARMY HORRY, S. CAROLINA USA US SOLDTER 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME BENTLEY W. TODD ALMA H. HARDEE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((If yes give war or dates of service)
YES 8Sep 48-22Apr 66 247-46-0663 OFFICIAL MILITARY RECORDS (SP NOGY) 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN UNINSET ON PEATH PART I. DEATH WAS CAUSED BY: CONTACT GUNSHOT WOUND IMMEDIATE CAUSE (o)

DUF TO Conditions, if ony, which gove DESTRUCTIVE BRAIN DAMAGE rise to immediate couse (a). DUE TO stoting the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES XX NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) INFLICTED GUNSHOT WOUND 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) MD (Stote) (County) foctory, street, office bldg., etc.) While Not While FT G G MEADE. ANNE ARUNDEL

HOME 21. I certify that (It is haspital) attended the deceased from APRIL 22, 1966, that (I) (we) las

PHYS.

22d. ADDRESS

M.D.

and that death accurred at 11: 30PM fram causes and an the date stated above

PHYS.

KIMBROUGH ARMY HOSPITAL. FT MEADE MD

23d. LOCATION (City or Town)

DIRECTOR

22b. DATE SIGNED

KX APRIL 22, 1966

(County)

(State)

ATTENDING PHYSICIAN: The law requires that the death certificate be executed cremation, be retained by the haspital or attending physician. burial, priar ta OS Health ! this certificate TO FUNERAL DIRECTOR: page 3 director, po should be f

CERTIFICATION

p.m. APR 22 19 66

23b. DATE THEREOF

saw the deceased alive an.

220. SIGNATURE

22c. PHYSICIAN'S

BURIAL CREMATION.

NAME (Type)

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FRED M. NOMURA. CAPT. MC

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within 24 hours after death

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VR A15 (4) 20 M 1/66

FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE WASHBLUD, LAUREL, UM

23c. NAME OF CEMETERY OR CREMATORY

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral after death, 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Anne Arundel MARYLAND Md. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Page hours within 72 hours = 70 Yrs. Severn Severn filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES TE New Cut Road New Cut Road NO executed within completely carbon 3. NAME OF Middle Last DATE Month Day DECEASED event. (Type or print) DEATH Edward Led Upton April 19 5. SEX 6. COLOR OR RACE remove , any eve DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | Iast birthday) | Months | Days | Hours | Min. 7. MARRIED KNEVER MARRIED and WIDOWED DIVORCED Aug.31,1877 88 Male White physician n please r 10a. USUAL OCCUPATION (Give kind of work done l 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? IISA Farmer Ret. Anne Arundel Co. Md. 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova attending parmit. Then John Eliza Upton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 6 (Yes, no, or unkown) (If yes give war or dates of service) cremation, Mrs. Annie M. Upton. same as 2 No. the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) burial-t burial, DUE TO Conditions, if any, which peen gave rise to Immediate as the brior to l DUE TO cause (a), stating underlying cause last. has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use this certificate PERFORMED? CERTIFICATI NO 7 YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached for te Dept. of F 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) State factory, street, office bldg., etc.) Hour a.m. After Not While be retained by at work at work 70 the 21. I certify that (I) (this hospital) attended the deceased from 19/06 19 66 that (1) (we) last TO FUNERAL DIRECTOR: Boeil 219 66 and that death occurred at 1.2 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. 3 DIRECTOR M.D. PHYS. TO HOSPITAL Page 4 may PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) 108 Central Ave. M. Glen Burnie, Md. Wayne B. Tate. M.D. 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Burial Glen Haven Memorial Park Glen Burnie, Md. 24. FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) Kirkley Funeral Home, Glen Burnie, Md. 15M 4-64

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10		-0	director, page 3 should be detached for use as the burial-transit permit. Then please enough carbon papers. Pages 1 and 2 should	be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any exect, within 72 hours after death.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH OAMMA

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1.	PLACE OF DEATH a. COUNTY	MARYLAND	e. STATE	b. COUNTY	dence before admission)
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	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, giv	e street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Middle , ///	A. DATE OF DEATH	Month 11	1966
5.	SEX 6. OSPOR OBRACE 7. MARRIED NE	EVER MARRIED 8. C	PATE OF BIRTH 9.	AGE (In years IF UNDER 1 YE.	
10 d	A	BUSINESS OR INDUSTRY	M: BIRTHPLACE (County & Spale, or M		N OF WHAT COUNTRY?
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	18. CAUSE OF DEATH [Enter only one cause per line for (e PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1), (b); end (c).] Nu	unta ac	relent	INTERVAL BETWEEN ONSET AND DEATH
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ATION		NG TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(19. WAS AUTOPSY PERFORMED? YES NO
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	22e. SIGNATURE	M.D.	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.	22b. DATE SIGNED
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23	REMOVAL (Specify) 4-28-466	OF GENETERY OR	orial Ib	TION Phry Sown or county)	Missing
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K	1		DIVISION OF STATISTICAL RESEARCH AND RECORDS	PARTMENT OF HEALTH 6, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND E OF DEATH
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2000	Page 4 may TO FUNERAL director, page should be fi	232		Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
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	VR AI5 (4)	24	FUNERAL DIRECTOR Singleton funeral	Home 25a. BEC'D BY REGISTBAR 25b. BEGISTRAR'S SIGNATURE
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH PARCE OF DEATH	-1 &	ı	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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Thomas C. Cartet 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Locy R. (unknown) 15. WAS DECASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT Locy R. (unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT Locy R. (unknown) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) 19. WAS AUTOPSY PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Locy R. (unknown) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) 19. WAS AUTOPSY PERFORMED? YES NO 20. EXTERNAL CAUSE WAS PRICE OF DEATH. 20. EXTERNAL CAUSE WAS PRICE OF DEATH. 20. EXTERNAL CAUSE WAS PRICE OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19. Owhole of work of work Of work ACTUAL SIGNATURE 14. MOTHER'S MAIDEN NAME Locy R. (unknown) 15. WAS DECASED BY: INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ON PREFORMED? YES NO 20. EXTERNAL CAUSE WAS PREFORMED? YES NO 21. I certify tho! I tack charge of the remains described obove, held an Autapsy Inspection Inquiry and in my apin death resulted form: ACTUAL SIGNATURE 16. SOCIAL SECURITY NO. 17. INFORMANT IMMEDIAL EXAMINER 20. INTERVAL BETWEEN ONSET AND DEATH ON PRICE OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19. WAS AUTOPSY PERFORMED? YES NO 20. EXTERNAL CAUSE WAS PRICE OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19. WAS AUTOPSY PREFORMED? YES NO CAUSE OF DEATH. 20. EXTERNAL CAUSE WAS PREFORMED? YES NO CONDITION IN PART II of item IB.) CAUSE OF DEATH. 20. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19. WAS AUTOPSY PERFORMED? YES NO CONDITION IN PART II of item IB.) CAUSE OF DEATH. 20. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19. WAS AUTOPSY PERFORMED? YES NO CONDITION IN PART II of item IB.) CAUSE OF DEATH. 20. TIME OF INJURY Month, Doy, Yeor Hour o.m. PRODUCTION IN PART			WIDOWED DIVORCED 11/24/16 lost birthdoy) Months Doys Hours M
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Hour o.m. p.m. 19 While of work of work foctory, street, office bldg., etc.) 21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apin death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , CHIEF MEDICAL EXAMINER , ACSISTANT MEDICAL EXAMINER , NAME (Type) 22. DATE SIGN Address (Street, city, town, or county) 236. BURIAL, CREMATION, 236. DATE THEREOF , Suicide , NAME OF CEMETERY OR CREMATORY , Street, office bldg., etc.) 19 Of work of twork of twork of two pure of two	NER: e certifi should files. s should ont, prio		PRIMARY : or CONTRIBUTING : CAUSE OF DEATH.
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	necess the fur 5 may 0 FUNE Health	230	D. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County), (Stote)
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please endowe carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather.

	DIVISION OF STATISTICAL RESE	ARCH AND RECORDS			LTIMORE 1, M	()4777
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du	N/A	NDUSTRY N/A	HOCKING	OH	CO	SA
	FATHER'S NAME SEORGE WASHINGTON	Hutchinson	14. MOTHER'S MAI		tem on	
15 (Y		- Whomen	RY E. CHAMI	P (DAII) 7 T	Address CATONS	VILLE, MD.
	18. CAUSE OF DEATH (Enter only one cause per i PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAP	ine for (a), (b), and (c).1 RDIAC ARREST				INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO	FFUSE CARCINOMA				5 MONTHS
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBI	RCINOMA OF BREA UTING TO DEATH BUT NOT RELA		DISEASE CONDITION (GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO D
3	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature o	of Injury in Part I or	Part II of Item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. I Hour a.m. While p.m. 19 at worl	Not While factor	CE OF INJURY (Home, f ry, street, office bldg.,		town) (Cou	nty) (State)
	21. I certify that (I) (this hospital) attend saw the deceased alive on 2 TRR 22a. SIGNATURE	19 66 , and that	death occurred at	MED. STA	causes and on the	6., that (I) (we) last the date stated above. ATE SIGNED
	22c. PHYSICIAN'S NAME (Type) JEFFRESS BOOZE	ER/CAPT/MC	22d. ADDRESS	H ARMY HOS		PR 66
23	REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or cou	1, Ohio
24	Lichtel Victor	ADBRESS CALLE	DATE A	PRPA 66196	1100	SSIGNATURE Les Judge

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1	1 M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
	rs after death. by the funeral Pages 1 and 2 ars after death.	1. PLACE OF DEATH a. COUNTY AA MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b) L. C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits write RIJRA) and give nearest town
D	r filled in by papers. Pagnin 72 hours	write RURAL and give nearest town) Brooklyn d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) Ordnance Rd. BrooklynPk d. STREET ADDRESS Ordnance Rd. Ordnance Rd.
	executed within 24 h n and completely filled remove carbon papers in any event, within 72	3. NAME OF DECEASED (Type or print) Albert Henry Wiedenhoeft 4. DATE DF DEATH 4 6 19 66 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HR last birthday) WIDOWED DIVORCED 166 187 1
	ath certificate be e attending physician simit. Then please r, or removal, and in-	10a. USUAL OCCUPATION (GIVE kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11c. BIRTHPLACE (County & State, or foreign country) 11c. CITIZEN OF WHAT COUNTRY? 11c. WAY Lend 11c. BIRTHPLACE (County & State, or foreign country) 11c. CITIZEN OF WHAT COUNTRY? 11c. MOTHER'S MAIDEN NAME 11c. MOTHER'S MOTHER'S MOTHER'S MOTHER'S MOTHER'S MOTHER'S MOTHER'S MOTHER'S MOTHER'S
	The law requires that the de or attending physician. cate has been signed by the r use as the burial-transit pealth prior to burial, crematio	NC Mrs. Stoll Ordnance Rd. # 26
•	L OR ATTENDING 3y be retained by DIRECTOR: After age 3 should be filed with the Stat	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, law, much man, much much man, much man, much much man, much much much much much much much much
	P. P.	NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BUT131 24. FUNERAL DIRECTOR ADDRESS ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE McCully Frances Address AD
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. STATE o. COUNTY A. A. CO. A ACO. af MARYLAND c. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest town) b. CITY OR TOWN (If autside corporate limits write RURAL and give neores town) c. LENGTH OF STAY IN 1b puo PASAVENO. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Office alang with farm DOM- - NORTH- PRUIDET- 405p. fox L. 121.9-130x202, -YES NO DA 3. NAME OF 4 DATE Year DECEASED 1966 Bessi E DEATH (Type or print) IF UNDER 1 YEAR DATE OF BIRTH 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired INDUSTRY House we 13. FATHER'S NAME be executed within pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) or remavol, 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: cremation, DUF TO Conditions, if ony, which gove rise to immediate couse (o). DUF TO certificate stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO C 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection 7 and in my opinion far Hamicide . Undetermined manner death resulted from: Natural causes Accident Suicide . CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER .4-8-66 Health or **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23c_NAME OF CEMETERY OR CREMATORY 23d. CATION (City or Town) (County) 23o. BURIAL CREMATION. 50 250. REC'D BY REGISTRAR APR 14 VCharley VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death executed within 24 hours after deoth funeral s 1 ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission CROWN SVILL after MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) 4440000 ANNE R ARUNDEL d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES | NO V carbon NAME OF Middle First 4. DATE Lost Manth Day Year DECEASED OF WILKINSON (Type ar print) DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH AGE (In years hirthday) Months Days Hours WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT requires that the death certificate be COUNTRY during most of working life, even if retired) INDUSTRY HOUSE WIFE 13. FATHER'S NAME PHILIP TIPPETT NORRIS 17. INFORMANT (Yes, ag ar unknawn) (If yes give war ar dates af service) 5 577-12-2456 B WILMER E. WILKINSON HOLLYWOOD, MARYLAND 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c). INTERVAL BETWEEN burial-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) BRIDSCLEROTIC CARDIO-VASCULAR PI Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate hos been the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) REACTION NO F for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (State) Not While factory, street, office blda., etc.) 21. I certify that (1) (this haspital) strended the deceased fram and that death accurred of 63 causes and on the date stated above. saw the deceased 22a. 22b. DATE SIGNED MED. DIRECTOR ATTENDING PHYS. M.D. NAME (Type) z d. ADDRESS director, should be 23a. BURIAL, CREMATION, CEMETERY OR CREMATORY LOCATION (City or Town) (County) (State) BURIAL (Specify) 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATU POWARDTOWN. 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

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	220. STONATURE	sell/	Kry,	NBA.	M.D		D. STAFF RECTOR PHYS.	22b. DATE 4/25		
1	22c. PHYSTCIAN'S NAME (Type	Lidge Ne	Henry	Мерр, М.D.			lle, Maryla			
X 1/1 L.P.	Bo. BURIAL, CREMATI		Les C &	23c. NAME OF CEMETERY	ORC	ven	23d. LOCATION (City or Tow	10	ounty) (Stote)	
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DIVISION OF STATISTICAL RESEARCH STON STREET, BALTIMORE 1, MARYLAND OF DEATH should 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) TIVITADOLIS

d. NAME OF HISPITAL OR INSTITUTION (if not in hospital, give street paddress) hours aft e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle DATE Month Day Year DECEASED OF (Type or print) DEATH and con 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. ast_birthday) Months Days Hours Min. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY! & State, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME phy hospital or attending physician. certificate has been signed by the attending EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or/unkown) [(Ifyesgive war or detes of service 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 4 mos ! DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 80 0 NO II 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, ferm, ' 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While al work el work CTOR: p.m. 21. I certify that (I) (this hospital) attended the deceased from...., 19 6, that (I) (we) last19.66... and that death occurred at ... M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURI 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN NAME TYPO 23a, BURIAL, CREMATION, DATE THEREO! NAME OF CEMETERY OR CREMATORY LOCATION REMOVAL (Specify) EMATION 25a. REC'D BY REGISTRAR 25b. REGISTRAR

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. funera and r death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND Maryland c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) ove carbon papers. Page vevent, within 72 hours a Baltimore. Marvland Crownsville months d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1709 N. Calvert Street Crownsville State Hospital ND.K executed within 3. NAME DE First Middle Last 4. DATE Month Year DECEASED DF (Type or print) Wright DEATH 19 Anna 5. SEX and cor 6. COLOR OR RACE 8. OATE OF BIRTH 9. AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 7. MARRIED NEVER MARRIEO dast birthday) | Months | Days any 12/21/80 Hours White Female WIDOWEO A DIVORCEO [yrs. = 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT physician 11. BIRTHPLACE (County & State, or foreign country) lease and in COUNTRY Maryland , Baltimore 13. FATHER'S NAME attending on rmit. Then p 14. MOTHER'S MAJOEN NAME MAKKOWK Margaret Miller Nicholas Tegges 15. WAS DECEASED EVER IN U.S. ARMED FORCES? the attem it permit. 16. SOCIAL SECURITY NO. I 17. INFORMANT Mrss Lula M. Addresasch 0 (Yes, no, or unkown) (If yes give war or dates of service) (Hospital Records) 3808 Fleetwood cremation, 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the burial-transit or to burial, crems ONSET AND OEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia by the hospital or attending physician. **OUE TO** Decubitus Ulcers Conditions, If any, which gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. Senility (c) 38 certificate hat hed for use a strong to the second to the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? Hypertensive Artersclerotic Cardia Vascular Disease Mellitus

2Da. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF OFATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) ND X 20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME DF INJURY Month, Day, Year 2Dd. INJURY OCCURREO | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be defined with the State Hour a.m. Crownsville, Maryland Not While O HOSPITAL OR ATTENDING Page 4 may be retained by at work at work 19.65. 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 4/4/// 19 664, and that death occurred at 9:30M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. OATE SIGNEO O FUNERAL DIRE director, page 3 should be filed v MEO. 4/4/66 M.O. 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) Crownsville, Maryland Mapp, BURIAL, CREMATION, 23b. OATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) St Matthews Buria. Baltimore Maryland REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR SANDER & SONS INC. BALTO. MD. VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

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M	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND.								
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De la se del	22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF								
SPITAL OR 4 may be 4 may be feral Dir for, page d be filed	22c. PHYSICTAN'S DIRECTOR PHYS. LIAPRIL 11, 1966								
HOSPITAL age 4 may FUNERAL irector, pa	NAME (Type) BAHRAM SINA #11 E. CHASE ST., BALTIMORE, MO.								
TO HOSPITAL OR ATTENDING I Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)								
F F "	BURIAL O MARIL 14,1966 FREEMSBURG CEMETERY BETHLEHEM, PENNSYLVANIA								
VR A15 (4)	The Smatter SINGLETON FUNERAL HOME								
15M 4-64	R.V. SINGLETON, GLEN BURNIE, MARYLAND DATER 13 1966 Judge								

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY COUNTY after MARYLANO Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours 24 hours = pers. 72 h d_NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? d. STREET ADDRESS bon par within NO X YES executed within completely carbon NAME OF DECEASED 3. Day Middle Last 4. DATE Month Year event, (Type or print) Cen DEATH 19 SEX 6. COLOR OR RACE AGE (In years attending physician and con rmit. Then please remove 1, or removal, and in any ev-9. IF UNDER 1 YEAR IF UNOER 24 HRS 7. MARRIEO NEVER MARRIED last birthday) Months Davs Hours WIDOWEO DIVORCED 10a. USUAL OCCUPATION (Give kind of work done ! 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY death certificate be during mest of working life, even if retired) FATHER'S NAME MOTHERIS MANDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. ddress 17. INFORMANT **D FUNERAL DIRECTOR**: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or r (Yes, no, or unkown) (If yes give war or dates of sprice) INTERVAL BETWEEN CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c), The law requires that the ONSET AND DEATH PART I. OEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, If any, which (b) gave, rise to Immediate DUE TO (a), stating underlying cause last. (c) WAS AUTOPSY PERFORMEO? CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. NO K YES 20a. ACCIOENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20e, PLACE OF INJURY (Home, farm, (State) 20d. INJURY OCCURREO 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from 19. that (I) (we) last and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on OATE SIGNED SICHATURE 22b. 22a. ATTENDING PHYS. MED. OIRECTOR STAFF 0 M.D. PHYS 22c. PHYSICIAN AOORESS NAME (Type) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 2 REGISTRAR'S STONATURE 25a. AI5 (4) 1/65

